

2025



**Formulario de
Medicamentos Genéricos**
Generic Drug Formulary

Lista de Medicamentos Genéricos 2025

Generic Drug List 2025

PA = Prior Authorization [Pre Autorización]; QL = Quantity Limit [Límite de Cantidad]; ST = Step Therapy [Terapia Escalonada]; AL = Age Limit [Límite de Edad]; SL = Specialty Limit [Límite de Especialidad]

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INTRODUCCIÓN / INTRODUCTION

Esta Lista de Medicamentos se divide en tres partes.

This Drug List is divided into three parts.

La **primera parte** es un resumen que te provee información sobre la forma en que se diseñó la Lista de Medicamentos Genéricos. También se incluye una descripción de los éditos de análisis de utilización para validar dosis e identificar terapias duplicadas.

*The **first part** is an outline that provides information about the way the Generic Drugs List was designed. It includes a description of the utilization analysis edits used to validate dose and identify duplicate therapies.*

La **segunda parte** contiene los medicamentos por clasificación terapéutica.

*The **second part** has the drugs by therapeutic category.*

La **tercera parte** contiene los apéndices y una lista por orden alfabético (índice) de los medicamentos disponibles en la Lista de Medicamentos.

*The **third part** has the appendixes and a list in alphabetical order (Index) of drugs available in the Drug List.*

La inclusión de un medicamento a la Lista de Medicamentos no indica que el medicamento está cubierto. El certificado del beneficio de Farmacia es el que determina si el medicamento está cubierto o excluido en la póliza. Por ejemplo, los agentes para la disfunción eréctil y las hormonas de crecimiento usualmente están excluidos de la cubierta de farmacia.

The inclusion of a drug in the Drug List does not mean the drug is covered. The Pharmacy Benefit Certificate determines whether the drug will be covered by the plan. Such as, drugs to treat erectile dysfunction and growth hormones are not often covered by the drug plans.

Si tienes alguna pregunta o si necesitas ayuda adicional, puedes llamar a nuestros Representantes de Servicio al Cliente al 787-774-6060, sin cargos al 1-800-981-3241 o servicios telefónicos para audio impedidos (TTY/TDD) al 787-792-1370 o 1-866-215-1999. Nuestro Centro de Llamadas está disponible de lunes a viernes de 7:30 AM a 8:00 PM, sábados de 9:00 AM a 6:00 PM y domingos de 11:00 AM a 5:00 PM - AST (tiempo estándar del Atlántico).

If you need additional information, please call our customer service unit at 787-774-6060 (TTY: 787-792-1370 or 1-866-215-1999) or free of charge 1-800-981-3241. Our Call Center is available Monday through Friday from 7:30 am to 8:00 pm, Saturdays from 9:00 am to 6:00 pm and Sundays from 11:00 am to 5:00 pm - AST (Atlantic Standard Time).

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PARTE I - DISEÑO DE LA LISTA DE MEDICAMENTOS GENÉRICOS/ PART I - GENERIC DRUG LIST DESIGN

¿Cómo usar esta Lista de Medicamentos Genéricos? / How do I use the Generic Drug List?

La forma más fácil para conseguir los medicamentos es buscando en el índice. El índice provee una lista por orden alfabético de todos los medicamentos que se presentan en este documento. Al lado del medicamento está el número de la página donde encontrarás cómo está cubierto. Busca la página indicada en el índice y encuentra el nombre del medicamento en las columnas.

The easiest way to find the drugs is through the Index. The Index gives you an alphabetical list of all the drugs in this document. Next to the drug, you will see the page number where you can find the coverage information. Turn to the page listed in the Index to find the name of the drug listed in the columns.

Guías de Referencia / Reference Guidelines

Medicamentos que requieren preautorización (PA) / Medications that require prior authorization (PA)

En un esfuerzo por garantizar la seguridad y el uso apropiado de los medicamentos, algunos necesitan una preautorización para ser adquiridos. Los mismos se han identificado a la derecha con **PA (requiere preautorización)**, en cuyo caso, la farmacia gestiona la preautorización previo al despacho del medicamento.

To guarantee the safe and effective use of drugs, there are certain drugs that need a prior authorization (PA) before dispensing it. A PA is placed next to the name of the drug to identify them, and the pharmacy will process the prior authorization before dispensing it.

Los medicamentos que requieren preautorización usualmente son candidatos al uso inapropiado o están relacionados con un costo elevado por lo que requieren que el asegurado cumpla con unos criterios antes de ser despachados. Aquellos medicamentos que han sido identificados que requieren preautorización deben satisfacer los criterios clínicos establecidos según lo haya determinado el Comité de Farmacia y Terapéutica. Estos criterios clínicos se han desarrollado de acuerdo a la literatura médica actual.

The drugs that need prior authorization are those for which you need to meet certain criteria before using them, are likely to be used inadequately, or have a higher cost. Drugs identified as needing preauthorization should fulfill the clinical criteria, as determined by the Pharmacy and Therapeutics Committee. The criteria have been developed as stated by current medical literature.

También, tienen requisito de PA aquellos medicamentos cuyos costos excedan \$750.00 (verifica tu certificado de beneficio ya que esta cantidad puede ser diferente). La farmacia enviará copia de la

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receta y se encargarán del proceso.

Drugs whose cost goes beyond \$750.00 will require a prior authorization (check your health plan benefits, as this amount could be different). The pharmacy will send a copy of the prescription to the health plan and will take care of the process.

Programa de Terapia Escalonada (ST) / Step Therapy Program (ST)

En algunos casos, requerimos que utilices primero un medicamento como terapia para tu condición antes de que cubramos otro para esa condición (Terapia Escalonada, ST por sus siglas en inglés). Por ejemplo, si el Medicamento A y el Medicamento B se usan ambos para tratar tu condición médica, nosotros requerimos que utilices primero el Medicamento A. Si el Medicamento A no te funciona, entonces cubrimos el Medicamento B.

In some cases, you need to try one drug first to treat your health condition before we cover other drugs for the same condition (Step Therapy). For example, if Drug A and Drug B both treat your health condition, you may need to use Drug A first. If Drug A does not work for you, then we will cover Drug B.

Límites de cantidad (QL) / Limits on the amount to be dispensed (QL)

Ciertos medicamentos tienen un límite en la cantidad a despacharse. Estas cantidades se establecen de acuerdo a lo sugerido por el fabricante como la cantidad máxima adecuada que no está asociada a efectos adversos y la cual es efectiva para el tratamiento de una condición. En la columna de requisitos de la lista de medicamentos se identificaron los límites en la cantidad a despacharse, en aquellos que aplique.

Certain drugs have a limit on the amount to be dispensed. These amounts are established according to the manufacturer's recommendation for adequate amounts to avoid adverse effects and effectively treat a health condition. The Requirements column in the Drug List points out the quantity limits for applicable drugs.

Límites de especialidad médica (SL) / Medical specialty limits (SL)

Algunos medicamentos tienen un límite en la especialidad médica. Estos límites de especialidad se establecen de acuerdo a la literatura médica actual. El Apéndice III contiene la lista de los medicamentos que tienen límite de especialidad médica.

Some drugs have medical specialty limits. These limits are established in line with current medical literature. Appendix III features the list of drugs that have a specialty limit.

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Límites de edad (AL) / Age Limits

Algunos medicamentos tienen un límite de edad.

Some drugs have an age limit.

Éditos de análisis de utilización (DUR) / Drug utilization review (DUR)

A través del Programa de Beneficio de Farmacia de Triple-S Salud, Inc. se han implantado los siguientes éditos de análisis de utilización (*DUR*, por sus siglas en inglés) con el propósito de evitarle complicaciones, ofreciendo un mejor cuidado.

Through the Pharmacy Benefit Management Program, Triple-S Salud has implemented the edits below for drug utilization reviews (DUR) to avoid other health problems while offering a better care.

- Édito de Validación de Dosis -coteja las dosis máximas diarias para la población pediátrica, adulta y geriátrica. / *Dose check edits – Verify daily maximum doses for pediatric, adult and geriatric population. In most cases, the maximum dose is the one approved by the FDA.*
- Édito de Terapia Duplicada -verifica tu historial de medicamentos para recetas duplicadas, de dos formas: / *Duplicate Therapy Edits – Verifies the Drug history for duplicate prescriptions in two ways:*
 1. Si recibes el mismo medicamento (Ej. mismo ingrediente activo) con dos recetas distintas (Ej. número de receta distinto, puede ser la misma farmacia o farmacias diferentes). / *If you get the same drug (e.g. same active ingredient) with two different prescriptions (e.g. prescription number is different, could be through the same pharmacy or different ones).*
 2. Si recibes dos medicamentos de la misma clase terapéutica, por ejemplo, dos antidepresivos o dos analgésicos, entre otros. / *If you get two drugs of the same therapeutic class, such as two anti-depressants, or two analgesics.*

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Leyenda para Símbolos y Abreviaturas de Requisitos/Límites / Legend for Symbols and Abbreviations for Requirements/Limits

Símbolo / Abreviatura (Symbol / Abbreviation)	Descripción	Description
AL	Límite de Edad	<i>Age Limit</i>
PA	Preautorización La farmacia es responsable de solicitar y obtener una preautorización con Triple-S Salud, Inc., antes de despachar el medicamento	<i>Prior authorization</i> <i>The pharmacy is responsible of requesting and obtaining a prior authorization from Triple-S Salud, Inc., before dispensing the prescription drug.</i>
QL	Medicamentos para los cuales existe algún límite en la cantidad que la farmacia puede despachar	<i>Medications associated to a quantity limit</i>
SL	Medicamentos para los cuales existe algún límite en la especialidad médica que debe manejar la terapia con estos productos	<i>Medications associated to a limit in the medical specialty that must manage the therapy with these products.</i>
ST	Terapia Escalonada	<i>Step Therapy</i>

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Listado de Abreviaturas para Formas de Dosificación y Rutas de Administración / Dosage Form and Route of Administrations Abbreviations

Description [Descripción]	Abbreviation [Abreviatura]
aerosol [aerosol]	aer
buccal tablet [tableta bucal]	bucc tab
cartridge [cartucho]	cart
concentrate [concentrado]	conc
cream [crema]	crm
delayed release [liberación tardía]	dr
emulsion [emulsión]	emul
extended release [liberación prolongada]	er
external [externo]	ext
external liquid [líquido externo]	ext liq
external packet [paquete externo]	ext pckt
external shampoo [champú externo]	shampoo
external swab [hisopo externo]	swab
gel [gel]	gel
hydrochlorothiazide	hctz
inhalation aerosol powder breath activated [polvo en aerosol activado por respiración para inhalación]	inh aer pwdr br act
inhalation aerosol solution [solución en aerosol para inhalación]	inh aer
inhalation capsule [cápsula para inhalación]	inh cap
inhalation inhaler [inhalador para inhalación]	inhaler
inhalation nebulization solution [solución para inhalación por nebulización]	inh neb soln
inhalation solution [solución para inhalación]	inh soln
inhalation suspension [suspensión para inhalación]	inh susp
injection / injectable [inyección / inyectable]	inj
injection device [dispositivo inyectable]	inj dev
intramuscular injectable [inyectable intramuscular]	im inj
intramuscular oil [aceite intramuscular]	im oil
intrauterine device [dispositivo intrauterino]	iud
intravenous [intravenoso]	iv
intravenous injectable [inyectable intravenoso]	iv inj

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Description [Descripción]	Abbreviation [Abreviatura]
irrigation solution [solución para irrigación]	irrig soln
lotion [loción]	lot
miscellaneous [misceláneo]	misc
mouth/throat lozenge [pastilla para boca/garganta]	m/t lozg
mouth/throat paste [pasta para boca/garganta]	m/t paste
mouth/throat solution [solución para boca/garganta]	m/t soln
nasal inhaler [inhalador nasal]	nasal inh
ointment [ungüento]	oint
ophthalmic [oftálmico]	ophth
ophthalmic gel forming solution [solución formadora de gel para uso oftálmico]	ophth gfs
oral capsule [cápsula oral]	cap
oral capsule delayed release particles [cápsula oral de partículas de liberación tardía]	cap dr prt
oral capsule sprinkle [cápsula oral para espolvorear]	cap sprinkle
oral elixir [elixir oral]	oral elix
oral granules [gránulos orales]	oral gr
oral packet [paquete oral]	pckt
oral syrup [jarabe oral]	syr
oral tablet [tableta oral]	tab
oral tablet abuse-deterrent [tableta oral para disuasión de abuso]	tab abuse-deterr
oral tablet chewable [tableta oral masticable]	tab chew
oral tablet disintegrating [tableta de desintegración oral]	tab disint
oral tablet disintegrating soluble [tableta oral de desintegración soluble]	tab disint sol
oral tablet dispersible [tableta oral dispersable]	odt
oral tablet soluble [tableta oral soluble]	tab sol
oral therapy pack [paquete de terapia oral]	pack
pen-injector [inyector tipo pluma]	pen-inj
powder [polvo]	pwdr
prefilled syringe [jeringuilla precargada]	pfs
rectal [rectal]	rect
solution [solución]	soln
subcutaneous [subcutáneo]	sc

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Description [Descripción]	Abbreviation [Abreviatura]
sublingual film [cinta sublingual]	subl film
sublingual tablet [tableta sublingual]	tab subl
suppository [supositorio]	supp
suspension [suspensión]	susp
transdermal [transdermal]	td
transdermal patch [parcho transdermal]	td patch
transdermal patch biweekly [parcho transdermal bisemanal]	tdsw patch
transdermal patch weekly [parcho transdermal semanal]	tdwk patch
vaginal [vaginal]	vag
vaginal diaphragm [diafragma vaginal]	vag diaph

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PARTE II - LISTA DE MEDICAMENTOS / PART II DRUG LIST

Medicamentos genéricos = letras minúsculas / Generic Drugs = lowercase

Medicamentos originales = letras mayúsculas / Brand name drugs = UPPERCASE

Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
THERAPEUTIC CATEGORY [CATEGORÍA TERAPÉUTICA]			
Therapeutic Class [Clase Terapéutica]			
ANALGESICS [ANALGÉSICOS]			
Nonsteroidal Anti-inflammatory Drugs [Medicamentos Antiinflamatorios No-Esteroidales]			
<i>celecoxib 100 mg cap, 200 mg cap, 400 mg cap, 50 mg cap</i>	1	CELEBREX	
<i>diclofenac potassium 50 mg tab</i>	1	CATAFLAM	
<i>diclofenac sodium 50 mg tab dr, 75 mg tab dr</i>	1	VOLTAREN	
<i>diclofenac sodium er 100 mg tab er 24 hr</i>	1	VOLTAREN XR	
<i>etodolac 200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab</i>	1	LODINE	
<i>etodolac er 400 mg tab er 24 hr, 500 mg tab er 24 hr, 600 mg tab er 24 hr</i>	1	LODINE XL	
<i>flurbiprofen 100 mg tab, 50 mg tab</i>	1	ANSAID	
<i>ibuprofen 400 mg tab, 600 mg tab, 800 mg tab</i>	1	MOTRIN	
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	INDOCIN	
<i>indomethacin er 75 mg cap er</i>	1	INDOCIN	
<i>ketorolac tromethamine 10 mg tab</i>	1	TORADOL	
<i>meclofenamate sodium 100 mg cap, 50 mg cap</i>	1	MECLOMEN	
<i>meloxicam 15 mg tab, 7.5 mg tab</i>	1	MOBIC	
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	RELAFEN	
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	NAPROSYN	
<i>naproxen sodium 275 mg tab, 550 mg tab</i>	1	ANAPROX	
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	FELDENE	
<i>salsalate 500 mg tab, 750 mg tab</i>	1	DISALCID	
<i>sulindac 150 mg tab, 200 mg tab</i>	1	CLINORIL	
Opioid Analgesics, Long-acting [Analgésicos Opiodes, Larga Duración]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>fentanyl 12 mcg/hr td patch 72 hr, 25 mcg/hr td patch 72 hr, 50 mcg/hr td patch 72 hr, 75 mcg/hr td patch 72 hr</i>	1	DURAGESIC	QL(10 / 30)
Opioid Analgesics, Short-acting [Analgésicos Opiodes, Corta Duración]			
<i>tramadol hcl 50 mg tab</i>	1	ULTRAM	QL(240 / 30)
Analgesics (combination Product) [Analgésicos (Productos En Combinación)]			
<i>acetaminophen-codeine 300-60 mg tab</i>	1	TYLENOL WITH CODEINE	QL(180 / 30), AL
<i>acetaminophen-codeine 300-15 mg tab, 300-30 mg tab</i>	1	TYLENOL WITH CODEINE	QL(360 / 30), AL
<i>acetaminophen-codeine 120-12 mg/5ml soln</i>	1	TYLENOL WITH CODEINE	QL(4500 / 30), AL
<i>BAC 50-325-40 mg tab</i>	1		QL(18 / 30)
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	PHRENILIN	QL(18 / 30)
<i>butalbital-apap-cafeine 50-325-40 mg tab</i>	1	ESGIC	QL(18 / 30)
<i>butalbital-apap-cafeine 50-300-40 mg cap</i>	1	FIORICET	QL(18 / 30)
<i>endocet 10-325 mg tab</i>	1	PERCOCET	QL(180 / 30)
<i>endocet 7.5-325 mg tab</i>	1	PERCOCET	QL(240 / 30)
<i>endocet 5-325 mg tab</i>	1	PERCOCET	QL(360 / 30)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	PERCOCET	QL(180 / 30)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	PERCOCET	QL(240 / 30)
<i>oxycodone-acetaminophen 5-325 mg tab</i>	1	PERCOCET	QL(360 / 30)
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	ULTRACET	QL(240 / 30)
ANESTHETICS - DRUGS FOR NUMBING [ANESTÉSICOS - MEDICAMENTOS PARA ADORMECER]			
Local Anesthetics [Anestésicos Locales]			
<i>lidocaine 5 % oint</i>	1		
<i>lidocaine 5 % patch</i>	1	LIDODERM	PA
<i>lidocaine hcl urethral/mucosal 2 % gel</i>	1	XYLOCAINE	
<i>lidocaine-prilocaine 2.5-2.5 % crm</i>	1	EMLA	
<i>lidocaine viscous hcl 2 % m/t soln</i>	1	XYLOCAINE	
<i>premium lidocaine 5 % oint</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS [AGENTES CONTRA LA ADICCIÓN/TRATAMIENTO DE ABUSO DE SUSTANCIAS]			
Alcohol Deterrents/anti-craving [Disuasivos Del Alcohol/Anti Ansiedad]			
<i>acamprosate calcium 333 mg tab dr</i>	1	CAMPRAL	
Opioid Dependence Treatments [Tratamientos Para La Dependencia De Opioides]			
<i>buprenorphine hcl 2 mg tab subl, 8 mg tab subl</i>	1	SUBUTEX	PA
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg tab subl</i>	1	SUBOXONE	PA
<i>naltrexone hcl 50 mg tab</i>	1	REVIA	
ANTIBACTERIALS - DRUGS TO TREAT BACTERIAL INFECTIONS [ANTIBACTERIANOS - MEDICAMENTOS PARA TRATAR INFECCIONES BACTERIANAS]			
Aminoglycosides [Aminoglucósidos]			
<i>gentamicin sulfate 0.1 % crm, 0.1 % oint</i>	1	GARAMYCIN	
<i>gentamicin sulfate 0.3 % ophth soln</i>	1	GARAMYCIN	
<i>neomycin sulfate 500 mg tab</i>	1		
<i>tobramycin 0.3 % ophth soln</i>	1	TOBREX	
Antibacterials, Other [Antibacterianos, Otros]			
<i>acetic acid 2 % otic soln</i>	1	VOSOL	
<i>clindamycin hcl 150 mg cap, 300 mg cap, 75 mg cap</i>	1	CLEOCIN	
<i>clindamycin palmitate hcl 75 mg/5ml soln</i>	1	CLEOCIN	
<i>clindamycin phosphate 2 % vag crm</i>	1	CLEOCIN	
<i>methenamine hippurate 1 gm tab</i>	1	HIPREX	
<i>metronidazole 250 mg tab, 500 mg tab</i>	1	FLAGYL	
<i>metronidazole 0.75 % crm</i>	1	METROCREAM	
<i>metronidazole 0.75 % gel, 0.75 % vag gel</i>	1	METROGEL	
<i>mupirocin 2 % oint</i>	1	BACTROBAN	
<i>nitrofurantoin macrocrystal 100 mg cap, 50 mg cap</i>	1	MACRODANTIN	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	MACROBID	
<i>trimethoprim 100 mg tab</i>	1	PROLOPRIM	
Beta-lactam, Cephalosporins [Beta-Lactámicos, Cefalosporinas]			
<i>cefaclor 250 mg cap, 500 mg cap</i>	1	CECLOR	
<i>cefadroxil 1 gm tab, 500 mg cap</i>	1	DURICEF	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>cefadroxil 250 mg/5ml susp, 500 mg/5ml susp</i>	1	DURICEF	
<i>cefdinir 300 mg cap</i>	1	OMNICEF	
<i>cefdinir 125 mg/5ml susp, 250 mg/5ml susp</i>	1	OMNICEF	
<i>cefpodoxime proxetil 100 mg tab, 200 mg tab</i>	1	VANTIN	
<i>cefpodoxime proxetil 100 mg/5ml susp</i>	1	VANTIN	
<i>cefprozil 250 mg tab, 500 mg tab</i>	1	CEFZIL	
<i>cefprozil 125 mg/5ml susp, 250 mg/5ml susp</i>	1	CEFZIL	
<i>cefuroxime axetil 250 mg tab, 500 mg tab</i>	1	CEFTIN	
<i>cephalexin 250 mg cap, 500 mg cap</i>	1	KEFLEX	
<i>cephalexin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	KEFLEX	
Beta-lactam, Penicillins [Beta-Lactámicos, Penicilinas]			
<i>amoxicillin 125 mg tab chew, 250 mg cap, 250 mg tab chew, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	AMOXIL	
<i>amoxicillin 125 mg/5ml susp, 200 mg/5ml susp, 250 mg/5ml susp, 400 mg/5ml susp</i>	1	AMOXIL	
<i>amoxicillin-pot clavulanate 250-125 mg tab, 500-125 mg tab, 875-125 mg tab</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml susp, 250-62.5 mg/5ml susp, 400-57 mg/5ml susp, 600-42.9 mg/5ml susp</i>	1	AUGMENTIN	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12 hr</i>	1	AUGMENTIN XR	
<i>ampicillin 500 mg cap</i>	1		
<i>penicillin v potassium 500 mg tab</i>	1	PEN-VEE K	
<i>penicillin v potassium 250 mg tab</i>	1	VEETIDS	
<i>penicillin v potassium 125 mg/5ml soln, 250 mg/5ml soln</i>	1	VEETIDS	
Macrolides [Macrólidos]			
<i>azithromycin 250 mg tab, 500 mg tab, 600 mg tab</i>	1	ZITHROMAX	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>azithromycin 100 mg/5ml susp, 200 mg/5ml susp</i>	1	ZITHROMAX	
<i>clarithromycin 250 mg tab, 500 mg tab</i>	1	BIAXIN	
<i>clarithromycin 125 mg/5ml susp, 250 mg/5ml susp</i>	1	BIAXIN	
<i>erythromycin 5 mg/gm ophth oint</i>	1	ILOTYCIN	
Quinolones [Quinolonas]			
<i>ciprofloxacin 500 MG/5ML (10%) susp</i>	1	CIPRO	
<i>ciprofloxacin hcl 0.3 % ophth soln</i>	1	CILOXAN	
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	CIPRO	
<i>levofloxacin 250 mg tab, 500 mg tab, 750 mg tab</i>	1	LEVAQUIN	
<i>moxifloxacin hcl 400 mg tab</i>	1	AVELOX	
<i>ofloxacin 0.3 % otic soln</i>	1	FLOXIN	
<i>ofloxacin 0.3 % ophth soln</i>	1	OCUFLOX	
Sulfonamides [Sulfonamidas]			
<i>silver sulfadiazine 1 % crm</i>	1	SILVADENE	
SSD 1 % crm	1		
<i>sulfacetamide sodium 10 % ophth soln</i>	1	BLEPH-10	
<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	SEPTRA	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml susp</i>	1	SEPTRA	
SULFATRIM PEDIATRIC 200-40 mg/5ml susp	1		
Tetracyclines [Tetraciclinas]			
<i>doxycycline hyclate 20 mg tab</i>	1	PERIOSTAT	
<i>doxycycline hyclate 100 mg tab</i>	1	VIBRA-TABS	
<i>doxycycline hyclate 100 mg cap, 50 mg cap</i>	1	VIBRAMYCIN	
<i>doxycycline monohydrate 100 mg tab, 150 mg tab, 50 mg tab, 75 mg tab</i>	1	ADOXA	
<i>doxycycline monohydrate 100 mg cap, 50 mg cap</i>	1	MONODOX	
<i>doxycycline monohydrate 25 mg/5ml susp</i>	1	VIBRAMYCIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>minocycline hcl 100 mg tab, 50 mg tab, 75 mg tab</i>	1	DYNACIN	
<i>minocycline hcl 100 mg cap, 50 mg cap, 75 mg cap</i>	1	MINOCIN	
ANTICONVULSANTS [ANTICONVULSIVOS]			
Anticonvulsants, Other [Anticonvulsivos, Otros]			
<i>levetiracetam 1000 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	KEPPRA	
<i>levetiracetam 100 mg/ml soln, 500 mg/5ml soln</i>	1	KEPPRA	
<i>levetiracetam er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	KEPPRA XR	
Calcium Channel Modifying Agents [Agentes Modificadores De Los Canales De Calcio]			
<i>ethosuximide 250 mg/5ml soln</i>	1	ZARONTIN	
<i>zonisamide 100 mg cap, 25 mg cap, 50 mg cap</i>	1	ZONEGRAN	
Gamma-aminobutyric Acid (gaba) Augmenting Agents [Agentes Que Aumentan El Ácido Gamma-Aminobutírico (Gaba)]			
<i>clonazepam 0.125 mg tab disint, 0.25 mg tab disint, 0.5 mg tab, 0.5 mg tab disint, 1 mg tab, 1 mg tab disint, 2 mg tab, 2 mg tab disint</i>	1	KLONOPIN	
<i>diazepam 2.5 mg rect gel</i>	1	DIASTAT	
<i>diazepam 10 mg tab, 2 mg tab, 5 mg tab</i>	1	VALIUM	
<i>divalproex sodium 125 mg cap dr sprinkle, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	DEPAKOTE	
<i>divalproex sodium er 250 mg tab er 24 hr, 500 mg tab er 24 hr</i>	1	DEPAKOTE ER	
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap, 600 mg tab, 800 mg tab</i>	1	NEURONTIN	
<i>gabapentin 250 mg/5ml soln, 300 mg/6ml soln</i>	1	NEURONTIN	
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	ATIVAN	
<i>phenobarbital 100 mg tab, 15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab</i>	1		

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>phenobarbital 20 mg/5ml oral elix, 20 mg/5ml soln</i>	1		
<i>primidone 250 mg tab, 50 mg tab</i>	1	MYSOLINE	
<i>valproic acid 250 mg cap</i>	1	DEPAKENE	
Glutamate Reducing Agents [Agentes Reductores De Glutamato]			
<i>lamotrigine 100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 5 mg tab chew</i>	1	LAMICTAL	
<i>lamotrigine er 25 mg tab er 24 hr</i>	1	LAMICTAL	
<i>topiramate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TOPAMAX	
Sodium Channel Agents [Agentes De Los Canales De Sodio]			
<i>carbamazepine 100 mg tab chew, 200 mg tab</i>	1	TEGRETOL	
<i>carbamazepine er 100 mg cap er 12 hr</i>	1	CARBATROL	
<i>carbamazepine er 100 mg tab er 12 hr</i>	1	TEGRETOL XR	
<i>EPITOL 200 mg tab</i>	1		
<i>oxcarbazepine 150 mg tab, 300 mg tab, 600 mg tab</i>	1	TRILEPTAL	
<i>phenytoin 50 mg tab chew</i>	1	DILANTIN	
<i>phenytoin 125 mg/5ml susp</i>	1	DILANTIN	
<i>PHENYTOIN INFATABS 50 mg tab chew</i>	1		
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	DILANTIN	
ANTIDEMENTIA AGENTS [AGENTES ANTIDEMENCIA]			
Cholinesterase Inhibitors [Inhibidores De La Colinesterasa]			
<i>donepezil hcl 10 mg tab, 5 mg tab</i>	1	ARICEPT	
<i>donepezil hcl 10 mg tab disint, 5 mg tab disint</i>	1	ARICEPT ODT	
<i>galantamine hydrobromide 4 mg tab, 8 mg tab</i>	1	RAZADYNE	
<i>galantamine hydrobromide 4 mg/ml soln</i>	1	RAZADYNE	
<i>galantamine hydrobromide er 8 mg cap er 24 hr</i>	1	RAZADYNE ER	
<i>rivastigmine tartrate 1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap</i>	1	EXELON	
N-methyl-d-aspartate (nmda) Receptor Antagonist [Antagonistas Del Receptor N-Metil-D-Aspartato (Nmda)]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>memantine hcl 10 mg tab, 28 x 5 MG & 21 x 10 mg tab, 5 mg tab</i>	1	NAMENDA	
ANTIDEPRESSANTS [ANTIDEPRESIVOS]			
Antidepressants, Other [Antidepresivos, Otros]			
<i>aripiprazole 10 mg tab, 15 mg tab, 2 mg tab, 20 mg tab, 30 mg tab, 5 mg tab</i>	1	ABILIFY	
<i>bupropion hcl 100 mg tab, 75 mg tab</i>	1	WELLBUTRIN	
<i>bupropion hcl er (sr) 100 mg tab er 12 hr, 150 mg tab er 12 hr, 200 mg tab er 12 hr</i>	1	WELLBUTRIN SR	
<i>bupropion hcl er (xl) 150 mg tab er 24 hr, 300 mg tab er 24 hr</i>	1	WELLBUTRIN XL	
<i>mirtazapine 15 mg tab, 15 mg tab disint, 30 mg tab, 30 mg tab disint, 45 mg tab, 45 mg tab disint, 7.5 mg tab</i>	1	REMERON	
<i>quetiapine fumarate 100 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab</i>	1	SEROQUEL	
Ssris/snris (selective Serotonin Reuptake Inhibitors/serotonin And Norepinephrine Reuptake Inhibitors) [Isrss/lrsns (Inhibidores Selectivos De La Recaptación De Serotonina/Inhibidores De La Recaptación De Serotonina Y Norepinefrina)]			
<i>citalopram hydrobromide 10 mg tab, 20 mg tab, 40 mg tab</i>	1	CELEXA	
<i>citalopram hydrobromide 10 mg/5ml soln</i>	1	CELEXA	
<i>duloxetine hcl 20 mg cap dr prt, 30 mg cap dr prt, 60 mg cap dr prt</i>	1	CYMBALTA	
<i>escitalopram oxalate 10 mg tab, 20 mg tab, 5 mg tab</i>	1	LEXAPRO	
<i>fluoxetine hcl 10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap</i>	1	PROZAC	
<i>fluvoxamine maleate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LUVOX	
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	PAXIL	
<i>paroxetine hcl er 12.5 mg tab er 24 hr, 25 mg tab er 24 hr, 37.5 mg tab er 24 hr</i>	1	PAXIL CR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>sertraline hcl 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ZOLOFT	
<i>sertraline hcl 20 mg/ml oral conc</i>	1	ZOLOFT	
<i>trazodone hcl 100 mg tab, 150 mg tab, 300 mg tab, 50 mg tab</i>	1	DESYREL	
<i>venlafaxine hcl 100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab</i>	1	EFFEXOR	
<i>venlafaxine hcl er 150 mg cap er 24 hr, 37.5 mg cap er 24 hr, 75 mg cap er 24 hr</i>	1	EFFEXOR XR	
Tricyclics [Tricíclicos]			
<i>amitriptyline hcl 10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab</i>	1	ELAVIL	
<i>doxepin hcl 10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	SINEQUAN	
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	TOFRANIL	
<i>nortriptyline hcl 10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	PAMELOR	
ANTIEMETICS [ANTIEMÉTICOS]			
Antiemetics, Other [Antieméticos, Otros]			
<i>chlorpromazine hcl 25 mg tab</i>	1	THORAZINE	
<i>meclizine hcl 12.5 mg tab, 25 mg tab</i>	1	ANTIVERT	
<i>metoclopramide hcl 10 mg tab, 5 mg tab</i>	1	REGLAN	
<i>metoclopramide hcl 10 mg/10ml soln, 5 mg/5ml soln</i>	1	REGLAN	
<i>perphenazine 16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	TRILAFON	
<i>prochlorperazine maleate 10 mg tab, 5 mg tab</i>	1	COMPAZINE	
<i>scopolamine 1 mg/3days td patch 72 hr</i>	1	TRANSDERM-SCOP	
<i>trimethobenzamide hcl 300 mg cap</i>	1	TIGAN	
Emetogenic Therapy Adjuncts [Terapias Adyuvantes Emetogénicas]			
<i>ondansetron 4 mg tab disint, 8 mg tab disint</i>	1	ZOFRAN ODT	
<i>ondansetron hcl 4 mg tab, 8 mg tab</i>	1	ZOFRAN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
ondansetron hcl 4 mg/5ml soln	1	ZOFRAN	
ANTIFUNGALS [ANTIFUNGALES]			
Antifungals [Antifungales]			
ciclopirox 0.77 % gel	1	LOPROX	
ciclopirox 8 % ext soln	1	PENLAC	
ciclopirox olamine 0.77 % crm	1	LOPROX	
ciclopirox olamine 0.77 % ext susp	1	LOPROX	
clotrimazole 1 % crm	1	LOTRIMIN	
clotrimazole 10 mg m/t troche	1	MYCELEX	
clotrimazole 1 % ext soln	1	MYCELEX	
econazole nitrate 1 % crm	1	SPECTAZOLE	
fluconazole 100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab	1	DIFLUCAN	
fluconazole 10 mg/ml susp, 40 mg/ml susp	1	DIFLUCAN	
griseofulvin microsize 125 mg/5ml susp	1	GRIFULVIN V	
itraconazole 100 mg cap	1	SPORANOX	
ketoconazole 200 mg tab	1	NIZORAL	
ketoconazole 2 % crm	1	NIZORAL	
ketoconazole 2 % shampoo	1	NIZORAL	
nystatin 500000 unit tab	1	MYCOSTATIN	
nystatin 100000 unit/gm crm, 100000 unit/gm ext pwdr, 100000 unit/gm oint	1	MYCOSTATIN	
nystatin 100000 unit/ml m/t susp	1	MYCOSTATIN	
nystatin-triamcinolone 100000-0.1 unit/gm-% crm, 100000-0.1 unit/gm-% oint	1	MYCOLOG	
terbinafine hcl 250 mg tab	1	LAMISIL	
terconazole 0.4 % vag crm, 0.8 % vag crm	1	TERAZOL	
terconazole 80 mg vag supp	1	TERAZOL 3	
ANTIGOUT AGENTS [AGENTES CONTRA LA GOTA]			
Antigout Agents [Agentes Contra La Gota]			
allopurinol 100 mg tab, 300 mg tab	1	ZYLOPRIM	
colchicine 0.6 mg tab	1	COLCRYS	
probenecid 500 mg tab	1	BENEMID	
ANTIMIGRAINE AGENTS [AGENTES ANTIMIGRAÑA]			
Serotonin (5-HT) 1B/1D Receptor Agonists [Agonistas Receptores De Serotonina (5-HT) 1B/1D]			
naratriptan hcl 1 mg tab, 2.5 mg tab	1	AMERGE	QL(9 / 30)

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>rizatriptan benzoate 10 mg tab, 5 mg tab</i>	1	MAXALT	QL(9 / 30)
<i>rizatriptan benzoate 10 mg tab disint, 5 mg tab disint</i>	1	MAXALT MLT	QL(9 / 30)
<i>sumatriptan succinate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	IMITREX	QL(9 / 30)
<i>zolmitriptan 5 mg tab, 5 mg tab disint</i>	1	ZOMIG	QL(3 / 30)
<i>zolmitriptan 2.5 mg tab</i>	1	ZOMIG	QL(6 / 30)
ANTIMYASTHENIC AGENTS [AGENTES ANTIMIASTÉNICOS]			
Parasympathomimetics [Parasimpatomiméticos]			
<i>pyridostigmine bromide 60 mg tab</i>	1	MESTINON	
ANTIMYCOBACTERIALS [ANTIMICOBACTERIANOS]			
Antituberculars [Antituberculosos]			
<i>isoniazid 100 mg tab, 300 mg tab</i>	1		
<i>rifampin 300 mg cap</i>	1	RIFADIN	
Antimycobacterials, Other [Antimicobacterianos, Otros]			
<i>dapsone 100 mg tab, 25 mg tab</i>	1		
ANTINEOPLASTICS [ANTINEOPLÁSICOS]			
Antiandrogens [Antiandrógenos]			
<i>bicalutamide 50 mg tab</i>	1	CASODEX	
<i>flutamide 125 mg cap</i>	1	EULEXIN	
Antiestrogens/modifiers [Antiestrógenos/Modificadores]			
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	1	NOLVADEX	PA
Antimetabolites [Antimetabolitos]			
<i>hydroxyurea 500 mg cap</i>	1	HYDREA	
<i>mercaptopurine 50 mg tab</i>	1	PURINETHOL	
Antineoplastics, Other [Antineoplásicos, Otros]			
<i>leucovorin calcium 5 mg tab</i>	1		
Aromatase Inhibitors, 3rd Generation [Inhibidores De La Aromatasa, 3Era Generación]			
<i>anastrozole 1 mg tab</i>	1	ARIMIDEX	
<i>letrozole 2.5 mg tab</i>	1	FEMARA	
ANTIPARASITICS [ANTIPARASITARIOS]			
Anthelmintics [Antihelmínticos]			
<i>ivermectin 3 mg tab</i>	1	STROMECTOL	
Antiprotozoals [Antiprotozoarios]			
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	1	MALARONE	
<i>chloroquine phosphate 500 mg tab</i>	1	ARALEN	ST
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	PLAQUENIL	ST

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mefloquine hcl 250 mg tab</i>	1		
<i>quinine sulfate 324 mg cap</i>	1	QUALAQUIN	
ANTIPARKINSON AGENTS [AGENTES ANTIPARKINSON]			
Anticholinergics [Anticolinérgicos]			
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	COGENTIN	
<i>diphenhydramine hcl 12.5 mg/5ml oral elix, 50 mg/ml inj soln</i>	1	BENADRYL	
<i>trihexyphenidyl hcl 0.4 mg/ml soln</i>	1		
<i>trihexyphenidyl hcl 2 mg tab, 5 mg tab</i>	1	ARTANE	
Antiparkinson Agents, Other [Agentes Antiparkinson, Otros]			
<i>amantadine hcl 50 mg/5ml soln</i>	1		
<i>amantadine hcl 100 mg cap, 100 mg tab</i>	1	SYMMETREL	
Dopamine Agonists [Agonistas De Dopamina]			
<i>pramipexole dihydrochloride 0.125 mg tab, 1.5 mg tab</i>	1	MIRAPEX	
<i>ropinirole hcl 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab</i>	1	REQUIP	
Dopamine Precursors/ L-amino Acid Decarboxylase Inhibitors [Precusores De Dopamina/ Inhibidores De La Decarboxylasa L-Amino Ácido]			
<i>carbidopa-levodopa 10-100 mg tab, 25-100 mg tab, 25-250 mg tab</i>	1	SINEMET	
<i>carbidopa-levodopa er 25-100 mg tab er, 50-200 mg tab er</i>	1	SINEMET CR	
ANTIPSYCHOTICS [ANTIPSICÓTICOS]			
1st Generation/typical [1Era Generación/Típicos]			
<i>haloperidol 0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab</i>	1	HALDOL	
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	HALDOL	
<i>trifluoperazine hcl 1 mg tab, 2 mg tab, 5 mg tab</i>	1	STELAZINE	
2nd Generation/atypical [2Da Generación/Atípicos]			
<i>olanzapine 10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ZYPREXA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab</i>	1	RISPERDAL	
<i>risperidone 1 mg/ml soln</i>	1	RISPERDAL	
<i>ziprasidone hcl 20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	GEODON	
Treatment-resistant [Resistentes A Tratamiento]			
<i>clozapine 100 mg tab, 25 mg tab, 50 mg tab</i>	1	CLOZARIL	
ANTISPASTICITY AGENTS [AGENTES CONTRA LA ESPASTICIDAD]			
Antispasticity Agents [Agentes Contra La Espasticidad]			
<i>baclofen 10 mg tab, 20 mg tab</i>	1	LIORESAL	
<i>dantrolene sodium 25 mg cap, 50 mg cap</i>	1	DANTRIUM	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	ZANAFLEX	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS [ANTIVIRALES - MEDICAMENTOS PARA TRATAR INFECCIONES VIRALES]			
Anti-hiv Agents, Non-nucleoside Reverse Transcriptase Inhibitors (nnrti) [Agentes Anti-Vih, Inhibidores No-Nucleósidos De La Transcriptasa Reversa (Nnrti)]			
<i>nevirapine 200 mg tab</i>	1	VIRAMUNE	
Anti-hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (nrti) [Agentes Anti-Vih, Inhibidores Nucleósidos Y Nucleótidos De La Transcriptasa Reversa (Nrti)]			
<i>abacavir sulfate 300 mg tab</i>	1	ZIAGEN	
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	1	TRIZIVIR	
<i>didanosine 200 mg cap dr, 250 mg cap dr, 400 mg cap dr</i>	1	VIDEX	
<i>lamivudine 150 mg tab, 300 mg tab</i>	1	EPIVIR	
<i>lamivudine 10 mg/ml soln</i>	1	EPIVIR	
<i>stavudine 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	ZERIT	
<i>zidovudine 300 mg tab</i>	1	RETROVIR	
<i>zidovudine 50 mg/5ml syr</i>	1	RETROVIR	
Antivirals, Others - Drugs To Treat Viral Infections [Agentes Antivirales, Otros - Medicamentos Para Tratar Infecciones Virales]			
LAGEVRIO 200 mg cap	2		QL(40 / 5), AL
PAXLOVID (150/100) 10 x 150 MG & 10 x 100mg tab pack	2		QL(20 / 5), AL
PAXLOVID (300/100) 20 x 150 MG & 10 x 100mg tab pack	2		QL(30 / 5), AL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Anti-influenza Agents [Agentes Contra La Influenza]			
oseltamivir phosphate 45 mg cap, 75 mg cap	1	TAMIFLU	QL(10 / 180)
oseltamivir phosphate 30 mg cap	1	TAMIFLU	QL(20 / 180)
oseltamivir phosphate 6 mg/ml susp	1	TAMIFLU	QL(120 / 180)
rimantadine hcl 100 mg tab	1	FLUMADINE	
Anti-hepatitis C (hcv) Agents, Other [Agentes Contra La Hepatitis C (Vhc), Otros]			
ribavirin 200 mg tab	1	COPEGUS	PA
Antiherpetic Agents [Agentes Antiherpéticos]			
acyclovir 200 mg cap, 400 mg tab, 800 mg tab	1	ZOVIRAX	
acyclovir 5 % oint	1	ZOVIRAX	
famciclovir 125 mg tab, 250 mg tab, 500 mg tab	1	FAMVIR	
valacyclovir hcl 1 gm tab, 500 mg tab	1	VALTREX	
ANXIOLYTICS [ANSIOLÍTICOS]			
Anxiolytics, Other [Ansiolíticos, Otros]			
buspirone hcl 10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab	1	BUSPAR	
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	1	ATARAX	
hydroxyzine hcl 10 mg/5ml syr	1	ATARAX	
hydroxyzine pamoate 100 mg cap, 25 mg cap, 50 mg cap	1	VISTARIL	
Benzodiazepines [Benzodiazepinas]			
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	1	XANAX	
chlordiazepoxide hcl 10 mg cap, 25 mg cap, 5 mg cap	1	LIBRIUM	
clorazepate dipotassium 3.75 mg tab, 7.5 mg tab	1	TRANXENE	
BIPOLAR AGENTS [AGENTES PARA BIPOLARIDAD]			
Mood Stabilizers [Estabilizadores Del Ánimo]			
lithium carbonate 150 mg cap, 600 mg cap	1		
lithium carbonate 300 mg cap	1	ESKALITH	
lithium carbonate 300 mg tab	1	LITHOBID	
lithium carbonate er 450 mg tab er	1	ESKALITH CR	
lithium carbonate er 300 mg tab er	1	LITHOBID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>valproic acid 250 mg/5ml soln</i>	1	DEPAKENE	
BLOOD GLUCOSE REGULATORS [REGULADORES DE GLUCOSA EN SANGRE]			
Antidiabetic Agents [Agentes Antidiabéticos]			
<i>acarbose 25 mg tab, 50 mg tab</i>	1	PRECOSE	
<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	AMARYL	
<i>glipizide 10 mg tab, 5 mg tab</i>	1	GLUCOTROL	
<i>glipizide er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glipizide xl 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr</i>	1	GLUCOTROL XL	
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	DIABETA	
<i>glyburide micronized 1.5 mg tab, 3 mg tab, 6 mg tab</i>	1	GLYNASE	
<i>metformin hcl 1000 mg tab, 500 mg tab, 850 mg tab</i>	1	GLUCOPHAGE	
<i>metformin hcl er 500 mg tab er 24 hr, 750 mg tab er 24 hr</i>	1	GLUCOPHAGE XR	
<i>pioglitazone hcl 15 mg tab, 30 mg tab, 45 mg tab</i>	1	ACTOS	
<i>repaglinide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	PRANDIN	
Glycemic Agents [Agentes Glucémicos]			
<i>glucagon emergency 1 mg inj kit</i>	2	GLUCAGON EMERGENCY	
Insulins [Insulinas]			
HUMULIN 70/30 (70-30) 100 unit/ml sc susp	2		QL(120 / 90)
HUMULIN N 100 unit/ml sc susp	2		QL(120 / 90)
HUMULIN R 100 unit/ml inj soln	2		QL(120 / 90)
<i>insulin lispro 100 unit/ml inj soln</i>	2	HUMALOG	QL(120 / 90)
Blood Glucose Regulators (combination Product) [Reguladores De Glucosa En Sangre (Productos En Combinación)]			
<i>glipizide-metformin hcl 2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	METAGLIP	
<i>glyburide-metformin 1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab</i>	1	GLUCOVANCE	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS [PRODUCTOS PARA LA SANGRE/MODIFICADORES/EXPANSORES DE VOLUMEN]			
Anticoagulants [Anticoagulantes]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>warfarin sodium 1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab</i>	1	COUMADIN	
Platelet Modifying Agents [Agentes Modificadores De Plaquetas]			
<i>cilostazol 100 mg tab, 50 mg tab</i>	1	PLETAL	
<i>clopidogrel bisulfate 75 mg tab</i>	1	PLAVIX	
<i>dipyridamole 25 mg tab</i>	1	PERSANTINE	
CARDIOVASCULAR AGENTS [AGENTES CARDIOVASCULARES]			
Alpha-adrenergic Agonists [Agonistas Alfa-Adrenérgicos]			
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	CATAPRES	
<i>guanfacine hcl 1 mg tab, 2 mg tab</i>	1	TENEX	
<i>methyldopa 250 mg tab, 500 mg tab</i>	1	ALDOMET	
Alpha-adrenergic Blocking Agents [Agentes Bloqueadores Alfa-Adrenérgicos]			
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	CARDURA	
<i>terazosin hcl 1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap</i>	1	HYTRIN	
Angiotensin II Receptor Antagonists [Antagonistas Del Receptor De Angiotensina II]			
<i>candesartan cilexetil 16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab</i>	1	ATACAND	ST
<i>irbesartan 150 mg tab, 300 mg tab, 75 mg tab</i>	1	AVAPRO	
<i>losartan potassium 100 mg tab, 25 mg tab, 50 mg tab</i>	1	COZAAR	
<i>valsartan 160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab</i>	1	DIOVAN	
Angiotensin-converting Enzyme (ace) Inhibitors [Inhibidores De La Enzima Convertidora De Angiotensina (Eca)]			
<i>benazepril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	LOTENSIN	
<i>enalapril maleate 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab</i>	1	VASOTEC	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MONOPRIL	
<i>lisinopril 10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab</i>	1	ZESTRIL	
<i>quinapril hcl 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	ACCUPRIL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>ramipril 1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap</i>	1	ALTACE	
<i>trandolapril 1 mg tab, 2 mg tab, 4 mg tab</i>	1	MAVIK	
Antiarrhythmics [Antiarrítmicos]			
<i>amiodarone hcl 200 mg tab</i>	1	CORDARONE	
<i>flecainide acetate 100 mg tab, 150 mg tab, 50 mg tab</i>	1	TAMBOCOR	
<i>propafenone hcl 150 mg tab, 225 mg tab, 300 mg tab</i>	1	RYTHMOL	
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1		
<i>SORINE 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1		
<i>sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab</i>	1	BETAPACE	
Beta-adrenergic Blocking Agents [Agentes Bloqueadores Beta-Adrenérgicos]			
<i>acebutolol hcl 200 mg cap</i>	1	SECTRAL	
<i>atenolol 100 mg tab, 25 mg tab, 50 mg tab</i>	1	TENORMIN	
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	KERLONE	
<i>bisoprolol fumarate 10 mg tab, 5 mg tab</i>	1	ZEBETA	
<i>carvedilol 12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab</i>	1	COREG	
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	NORMODYNE	
<i>metoprolol succinate er 100 mg tab er 24 hr, 200 mg tab er 24 hr, 25 mg tab er 24 hr, 50 mg tab er 24 hr</i>	1	TOPROL XL	
<i>metoprolol tartrate 37.5 mg tab, 75 mg tab</i>	1		
<i>metoprolol tartrate 100 mg tab, 25 mg tab, 50 mg tab</i>	1	LOPRESSOR	
<i>nadolol 20 mg tab, 40 mg tab</i>	1	CORGARD	
<i>pindolol 10 mg tab, 5 mg tab</i>	1	VISKEN	
<i>propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	INDERAL	
<i>propranolol hcl er 120 mg cap er 24 hr, 160 mg cap er 24 hr, 60 mg cap er 24 hr, 80 mg cap er 24 hr</i>	1	INDERAL LA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Calcium Channel Blocking Agents [Agentes Bloqueadores De Los Canales De Calcio]			
<i>amlodipine besylate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	NORVASC	
<i>diltiazem hcl 120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1	CARDIZEM	
<i>diltiazem hcl er beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr, 420 mg cap er 24 hr</i>	1	TIAZAC	
<i>diltiazem hcl er coated beads 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	CARDIZEM CD	
<i>felodipine er 10 mg tab er 24 hr, 2.5 mg tab er 24 hr, 5 mg tab er 24 hr, 240 mg tab er 24 hr</i>	1	PLENDIL	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	PROCARDIA	
<i>nifedipine er 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	ADALAT CC	
<i>nifedipine er osmotic release 30 mg tab er 24 hr, 60 mg tab er 24 hr, 90 mg tab er 24 hr</i>	1	PROCARDIA XL	
<i>TAZTIA XT 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1		
<i>TIADYL ER 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 360 mg cap er 24 hr</i>	1		
<i>verapamil hcl 120 mg tab, 40 mg tab, 80 mg tab</i>	1	CALAN	
<i>verapamil hcl er 120 mg tab er, 180 mg tab er, 240 mg tab er</i>	1	CALAN	
<i>verapamil hcl er 120 mg cap er 24 hr, 180 mg cap er 24 hr, 240 mg cap er 24 hr, 300 mg cap er 24 hr</i>	1	VERELAN	
Cardiovascular Agents, Other [Agentes Cardiovasculares, Otros]			
<i>digox 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>digoxin 125 mcg tab, 250 mcg tab</i>	1	LANOXIN	
<i>pentoxifylline er 400 mg tab er</i>	1	TRENTAL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Diuretics, Carbonic Anhydrase Inhibitors [Diuréticos, Inhibidores De La Anhidrasa Carbónica]			
<i>acetazolamide 125 mg tab, 250 mg tab</i>	1	DIAMOX	
Diuretics, Loop [Diuréticos, Asa De Henle]			
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	BUMEX	
<i>furosemide 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LASIX	
<i>furosemide 10 mg/ml soln</i>	1	LASIX	
<i>torsemide 10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab</i>	1	DEMADEX	
Diuretics, Potassium-sparing [Diuréticos, Conservadores De Potasio]			
<i>amiloride hcl 5 mg tab</i>	1	MIDAMOR	
<i>spironolactone 100 mg tab, 25 mg tab, 50 mg tab</i>	1	ALDACTONE	
Diuretics, Thiazide [Diuréticos, Tiazidas]			
<i>chlorthalidone 25 mg tab, 50 mg tab</i>	1	HYGROTON	
<i>hydrochlorothiazide 25 mg tab, 50 mg tab</i>	1	HYDRODIURIL	
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab</i>	1	MICROZIDE	
<i>indapamide 1.25 mg tab, 2.5 mg tab</i>	1	LOZOL	
<i>metolazone 2.5 mg tab, 5 mg tab</i>	1	ZAROXOLYN	
Dyslipidemics, Fibric Acid Derivatives [Dislipidémicos, Derivados Del Ácido Fíbrico]			
<i>fenofibrate 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab, 67 mg cap</i>	1	TRICOR	
<i>fenofibrate micronized 130 mg cap, 43 mg cap</i>	1	ANTARA	
<i>fenofibrate micronized 134 mg cap, 200 mg cap, 67 mg cap</i>	1	TRICOR	
<i>fenofibric acid 135 mg cap dr, 45 mg cap dr</i>	1	TRILIPIX	
<i>gemfibrozil 600 mg tab</i>	1	LOPID	
Dyslipidemics, Hmg Coa Reductase Inhibitors [Dislipidémicos, Inhibidores De La Hmg Coa Reductasa]			
<i>atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	LIPITOR	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	1	MEVACOR	
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	PRAVACHOL	
<i>rosuvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab</i>	1	CRESTOR	
<i>simvastatin 10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab</i>	1	ZOCOR	
Dyslipidemics, Other [Dislipidémicos, Otros]			
<i>cholestyramine 4 gm pckt</i>	1	QUESTRAN	
<i>cholestyramine 4 gm/dose oral pwr</i>	1	QUESTRAN	
<i>cholestyramine light 4 gm/dose oral pwr</i>	1	QUESTRAN LIGHT	
<i>colestipol hcl 1 gm tab</i>	1	COLESTID	
<i>ezetimibe 10 mg tab</i>	1	ZETIA	
<i>omega-3-acid ethyl esters 1 gm cap</i>	1	LOVAZA	
Vasodilators, Direct-acting Arterial [Vasodilatadores Arteriales De Acción Directa]			
<i>hydralazine hcl 10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab</i>	1	APRESOLINE	
<i>minoxidil 10 mg tab, 2.5 mg tab</i>	1	LONITEN	
Vasodilators, Direct-acting Arterial/venous [Vasodilatadores Arteriovenosos De Acción Directa]			
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	MONOKET	
<i>isosorbide mononitrate er 120 mg tab er 24 hr, 30 mg tab er 24 hr, 60 mg tab er 24 hr</i>	1	IMDUR	
<i>nitroglycerin 0.1 mg/hr td patch 24hr, 0.2 mg/hr td patch 24hr, 0.4 mg/hr td patch 24hr, 0.6 mg/hr td patch 24hr</i>	1	NITRO-DUR	
<i>nitroglycerin 0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl</i>	1	NITROSTAT	
Cardiovascular Agents (combination Product) [Agentes Cardiovasculares (Productos En Combinación)]			
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	1	MODURETIC	
<i>amlodipine besy-benazepril hcl 10-20 mg cap, 10-40 mg cap, 2.5-10</i>	1	LOTREL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap</i>			
<i>atenolol-chlorthalidone 100-25 mg tab, 50-25 mg tab</i>	1	TENORETIC	
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	LOTENSIN HCT	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab</i>	1	ZIAC	
<i>enalapril-hydrochlorothiazide 10-25 mg tab, 5-12.5 mg tab</i>	1	VASERETIC	
<i>ezetimibe-simvastatin 10-20 mg tab, 10-40 mg tab</i>	1	VYTORIN	ST
<i>fosinopril sodium-hctz 10-12.5 mg tab, 20-12.5 mg tab</i>	1	MONOPRIL-HCT	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab, 300-12.5 mg tab</i>	1	AVALIDE	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ZESTORETIC	
<i>losartan potassium-hctz 100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab</i>	1	HYZAAR	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab, 50-25 mg tab</i>	1	LOPRESSOR HCT	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab</i>	1	ACCURETIC	
<i>spironolactone-hctz 25-25 mg tab</i>	1	ALDACTAZIDE	
<i>triamterene-hctz 37.5-25 mg cap</i>	1	DYAZIDE	
<i>triamterene-hctz 37.5-25 mg tab, 75-50 mg tab</i>	1	MAXZIDE	
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab</i>	1	DIOVAN HCT	
CENTRAL NERVOUS SYSTEM AGENTS [AGENTES DEL SISTEMA NERVIOSO CENTRAL]			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, Anfetaminas]			
<i>amphetamine-dextroamphetamine 10 mg cap er 24 hr, 15 mg cap er 24</i>	1	ADDERALL XR	SL

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>hr, 20 mg cap er 24 hr, 25 mg cap er 24 hr, 30 mg cap er 24 hr, 5 mg cap er 24 hr</i>			
<i>amphetamine-dextroamphetamine 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab</i>	1	ADDERALL	SL
<i>dextroamphetamine sulfate 10 mg tab, 5 mg tab</i>	1	DEXTROSTAT	SL
<i>dextroamphetamine sulfate er 10 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	DEXEDRINE	SL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines [Agentes Para El Desorden De Déficit De Atención E Hiperactividad, No-Anfetaminas]			
<i>atomoxetine hcl 10 mg cap, 100 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap</i>	1	STRATTERA	AL, SL
<i>clonidine hcl er 0.1 mg tab er 12 hr</i>	1	KAPVAY	SL
<i>dexmethylphenidate hcl 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	FOCALIN	SL
<i>dexmethylphenidate hcl er 15 mg cap er 24 hr, 5 mg cap er 24 hr</i>	1	FOCALIN XR	SL
<i>guanfacine hcl er 1 mg tab er 24 hr, 2 mg tab er 24 hr, 4 mg tab er 24 hr</i>	1	INTUNIV	SL
<i>methylphenidate hcl 10 mg tab, 20 mg tab, 5 mg tab</i>	1	RITALIN	SL
<i>methylphenidate hcl er 18 mg tab er 24 hr</i>	1		SL
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	RITALIN SR	SL
<i>methylphenidate hcl er (osm) 18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er</i>	1	CONCERTA	SL
DENTAL AND ORAL AGENTS [AGENTES DENTALES Y ORALES]			
Dental And Oral Agents [Agentes Dentales Y Orales]			
<i>cevimeline hcl 30 mg cap</i>	1	EVOXAC	
<i>chlorhexidine gluconate 0.12 % m/t soln</i>	1	PERIDEX	
ORALONE 0.1 % m/t paste	1		
PAROEX 0.12 % m/t soln	1		
PERIOGARD 0.12 % m/t soln	1		
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	SALAGEN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>triamcinolone acetonide 0.1 % m/t paste</i>	1	KENALOG IN ORABASE	
DERMATOLOGICAL AGENTS [AGENTES DERMATOLÓGICOS]			
Dermatitis And Pruritus Agents [Agentes Para La Dermatitis Y Prurito]			
<i>halobetasol propionate 0.05 % crm, 0.05 % oint</i>	1	ULTRAVATE	
<i>prednicarbate 0.1 % crm, 0.1 % oint</i>	1	DERMATOP	
Dermatological Agents [Agentes Dermatológicos]			
<i>calcipotriene 0.005 % ext soln</i>	1	DOVONEX	
<i>fluorouracil 2 % ext soln</i>	1	EFUDEX	
<i>imiquimod 5 % crm</i>	1	ALDARA	
<i>tacrolimus 0.03 % oint, 0.1 % oint</i>	1	PROTOPIC	
<i>urea 40 % crm</i>	1		
Dermatological Agents (combination Product) [Agentes Dermatológicos (Productos En Combinación)]			
<i>clotrimazole-betamethasone 1-0.05 % crm</i>	1	LOTRISONE	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]			
Antispasmodics, Gastrointestinal [Antiespasmódicos, Gastrointestinales]			
<i>dicyclomine hcl 10 mg cap, 20 mg tab</i>	1	BENTYL	
<i>dicyclomine hcl 10 mg/5ml soln</i>	1	BENTYL	
<i>ed-spaz 0.125 mg tab disint</i>	1	ANASPAZ	
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	ROBINUL	
<i>hyoscyamine sulfate 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>hyoscyamine sulfate 0.125 mg tab disint</i>	1	ANASPAZ	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	LEVSIN	
<i>hyoscyamine sulfate 0.125 mg tab sub</i>	1	LEVSIN/SL	
<i>hyoscyamine sulfate er 0.375 mg tab er 12 hr</i>	1	LEVBID	
<i>hyoscyamine sulfate sl 0.125 mg tab sub</i>	1	LEVSIN/SL	
<i>hyosyne 0.125 mg/5ml oral elix, 0.125 mg/ml soln</i>	1		
<i>NULEV 0.125 mg tab disint</i>	1		
<i>oscimin 0.125 mg tab</i>	1	LEVSIN	
<i>oscimin 0.125 mg tab sub</i>	1	LEVSIN/SL	
<i>oscimin sr 0.375 mg tab er 12 hr</i>	1	LEVBID	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
SYMAX-SL 0.125 mg tab subl	1		
SYMAX-SR 0.375 mg tab er 12 hr	1		
Gastrointestinal Agents, Other [Agentes Gastrointestinales, Otros]			
diphenoxylate-atropine 2.5-0.025 mg tab	1	LOMOTIL	
loperamide hcl 2 mg cap	1	IMODIUM	
ursodiol 300 mg cap	1	ACTIGALL	
ursodiol 250 mg tab	1	URSO	
Laxatives [Laxantes]			
constulose 10 gm/15ml soln	1	CONSTULOSE	
enulose 10 gm/15ml soln	1	CONSTULOSE	
generlac 10 gm/15ml soln	1	CONSTULOSE	
lactulose 10 gm/15ml soln, 20 gm/30ml soln	1	CONSTULOSE	
lactulose encephalopathy 10 gm/15ml soln	1	CONSTULOSE	
Protectants [Protectores]			
sucralfate 1 gm tab	1	CARAFATE	
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]			
esomeprazole magnesium 40 mg cap dr	1	NEXIUM	ST
lansoprazole 30 mg cap dr	1	PREVACID	
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	1	PRILOSEC	
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	1	PROTONIX	
Gastrointestinal Agents (combination Product) [Agentes Gastrointestinales (Productos En Combinación)]			
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	1	SUPREP BOWEL PREP KIT	
GENITOURINARY AGENTS - DRUGS TO TREAT BLADDER, GENITAL AND KIDNEY CONDITIONS [AGENTES GENITOURINARIOS - MEDICAMENTOS PARA TRATAR CONDICIONES DE LA VEJIGA, GENITALES Y RENALES]			
Antispasmodics, Urinary [Antiespasmódicos, Urinarios]			
oxybutynin chloride 5 mg tab	1	DITROPAN	
oxybutynin chloride 5 mg/5ml soln	1	DITROPAN	
oxybutynin chloride er 10 mg tab er 24 hr, 15 mg tab er 24 hr, 5 mg tab er 24 hr	1	DITROPAN	
tolterodine tartrate 1 mg tab, 2 mg tab	1	DETROL	
Benign Prostatic Hypertrophy Agents [Agentes Para La Hipertrofia Prostática Benigna]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>alfuzosin hcl er 10 mg tab er 24 hr</i>	1	UROXATRAL	
<i>finasteride 5 mg tab</i>	1	PROSCAR	
<i>tamsulosin hcl 0.4 mg cap</i>	1	FLOMAX	
Genitourinary Agents, Other [Agentes Genitourinarios, Otros]			
<i>bethanechol chloride 10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab</i>	1	URECHOLINE	
<i>PHENAZO 200 mg tab</i>	1		
<i>phenazopyridine hcl 100 mg tab, 200 mg tab</i>	1	PYRIDIUM	
Antispasmodics, Urinary - Bladder Control Drugs [Antiespasmódicos, Urinarios - Medicamentos Para Control De La Vejiga]			
<i>URETRON D/S 81.6 mg tab</i>	1		
<i>urin ds 81.6 mg tab</i>	1		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (ADRENALES)]			
Hormonal Agents, Stimulant/replacement/modifying (adrenal) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Adrenales)]			
<i>ala-cort 2.5 % crm</i>	1	HYTONE	
<i>alclometasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	ACLOVATE	
<i>anucort-hc 25 mg rect supp</i>	1		
<i>betamethasone dipropionate 0.05 % crm, 0.05 % oint</i>	1	DIPROSONE	
<i>betamethasone dipropionate 0.05 % lot</i>	1	DIPROSONE	
<i>betamethasone dipropionate aug 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	DIPROLENE	
<i>betamethasone dipropionate aug 0.05 % lot</i>	1	DIPROLENE	
<i>betamethasone valerate 0.1 % crm, 0.1 % oint</i>	1	BETA-VAL	
<i>betamethasone valerate 0.1 % lot</i>	1	BETA-VAL	
<i>clobetasol prop emollient base 0.05 % crm</i>	1	TEMOVATE-E	
<i>clobetasol propionate 0.05 % lot</i>	1	CLOBEX	
<i>clobetasol propionate 0.05 % foam</i>	1	OLUX	
<i>clobetasol propionate 0.05 % gel, 0.05 % oint</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % ext soln</i>	1	TEMOVATE	
<i>clobetasol propionate 0.05 % crm</i>	1	TEMOVATE-E	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>clobetasol propionate e 0.05 % crm</i>	1	TEMOVATE-E	
<i>desonide 0.05 % crm, 0.05 % oint</i>	1	DESOWEN	
<i>desoximetasone 0.25 % crm</i>	1	TOPICORT	
<i>dexamethasone 1 mg tab, 2 mg tab</i>	1		
<i>dexamethasone 0.5 mg/5ml soln</i>	1		
<i>dexamethasone 0.5 mg/5ml oral elix</i>	1	BAYCADRON	
<i>dexamethasone 0.5 mg tab, 0.75 mg tab, 1.5 mg tab, 4 mg tab, 6 mg tab</i>	1	DECADRON	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	FLORINEF	
<i>fluocinolone acetonide 0.01 % crm, 0.025 % crm, 0.025 % oint</i>	1	SYNALAR	
<i>fluocinolone acetonide 0.01 % ext soln</i>	1	SYNALAR	
<i>fluocinonide 0.05 % crm, 0.05 % gel, 0.05 % oint</i>	1	LIDEX	
<i>fluocinonide 0.05 % ext soln</i>	1	LIDEX	
<i>fluocinonide 0.1 % crm</i>	1	VANOS	
<i>fluocinonide emulsified base 0.05 % crm</i>	1	LIDEX-E	
<i>fluticasone propionate 0.005 % oint, 0.05 % crm</i>	1	CUTIVATE	
<i>hydrocortisone 10 mg tab, 20 mg tab, 5 mg tab</i>	1	CORTEF	
<i>hydrocortisone 2.5 % crm, 2.5 % oint</i>	1	HYTONE	
<i>hydrocortisone 2.5 % lot</i>	1	HYTONE	
<i>hydrocortisone (perianal) 2.5 % crm</i>	1	ANUSOL HC	
<i>hydrocortisone ace-pramoxine 1-1 % crm</i>	1	ANALPRAM HC	
<i>hydrocortisone acetate 25 mg rect supp</i>	1		
<i>hydrocortisone butyrate 0.1 % crm, 0.1 % oint</i>	1	LOCOID	
<i>hydrocortisone butyrate 0.1 % ext soln</i>	1	LOCOID	
<i>hydrocortisone valerate 0.2 % crm</i>	1	WESTCORT	
<i>lidocaine-hydrocort (perianal) 3-0.5 % crm</i>	1	ANAMANTLE HC	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>methylprednisolone 16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab pack, 8 mg tab</i>	1	MEDROL	
<i>mometasone furoate 0.1 % crm, 0.1 % oint</i>	1	ELOCON	
<i>mometasone furoate 0.1 % ext soln</i>	1	ELOCON	
<i>prednisolone 15 mg/5ml soln</i>	1	PRELONE	
<i>prednisolone sodium phosphate 15 mg/5ml soln</i>	1	ORAPRED	
<i>prednisolone sodium phosphate 6.7 (5 Base) mg/5ml soln</i>	1	PEDIAPRED	
<i>prednisone 1 mg tab, 10 mg (21) tab pack, 10 mg (48) tab pack, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab pack, 5 mg (48) tab pack, 5 mg tab, 50 mg tab</i>	1		
<i>triamcinolone acetonide 0.025 % oint, 0.1 % oint, 0.5 % oint</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % lot, 0.1 % lot</i>	1	KENALOG	
<i>triamcinolone acetonide 0.025 % crm, 0.1 % crm, 0.5 % crm</i>	1	TRIDERM	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (PITUITARIA)]			
Hormonal Agents, Stimulant/replacement/modifying (pituitary) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Pituitaria)]			
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	DDAVP	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (HORMONAS SEXUALES/MODIFICADORES)]			
Progestins [Progestinas]			
<i>medroxyprogesterone acetate 10 mg tab, 2.5 mg tab, 5 mg tab</i>	1	PROVERA	
<i>megestrol acetate 20 mg tab, 40 mg tab</i>	1	MEGACE	
<i>megestrol acetate 40 mg/ml susp, 400 mg/10ml susp</i>	1	MEGACE	
<i>norethindrone acetate 5 mg tab</i>	1	AYGESTIN	
<i>progesterone 100 mg cap, 200 mg cap</i>	1	PROMETRIUM	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
Selective Estrogen Receptor Modifying Agents [Agentes Modificadores Selectivos Del Receptor De Estrógeno]			
<i>raloxifene hcl 60 mg tab</i>	1	EVISTA	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) [AGENTES HORMONALES, ESTIMULANTES/REEMPLAZO/MODIFICADOR (TIROIDES)]			
Hormonal Agents, Stimulant/replacement/modifying (thyroid) [Agentes Hormonales, Estimulantes/Reemplazo/Modificador (Tiroides)]			
<i>levothyroxine sodium 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab</i>	1	SYNTHROID	
<i>liothyronine sodium 25 mcg tab, 5 mcg tab, 50 mcg tab</i>	1	CYTOMEL	
NP THYROID 120 mg tab, 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab	1		
SYNTHROID 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab	2		
<i>thyroid 15 mg tab, 30 mg tab, 60 mg tab, 90 mg tab</i>	1		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) [AGENTES HORMONALES, SUPRESORES (PITUITARIA)]			
Hormonal Agents, Suppressant (pituitary) [Agentes Hormonales, Supresores (Pituitaria)]			
<i>cabergoline 0.5 mg tab</i>	1	DOSTINEX	
HORMONAL AGENTS, SUPPRESSANT (THYROID) [AGENTES HORMONALES, SUPRESORES (TIROIDE)]			
Antithyroid Agents [Agentes Antitiroideos]			
<i>methimazole 10 mg tab, 5 mg tab</i>	1	TAPAZOLE	
<i>propylthiouracil 50 mg tab</i>	1		
IMMUNOLOGICAL AGENTS - DRUGS THAT STIMULATE OR SUPPRESS THE IMMUNE SYSTEM [AGENTES INMUNOLÓGICOS - MEDICAMENTOS QUE ESTIMULAN O SUPRIMEN EL SISTEMA INMUNE]			
Immune Suppressants [Inmunosupresores]			
<i>azathioprine 50 mg tab</i>	1	IMURAN	SL
<i>methotrexate sodium 2.5 mg tab</i>	1		
Immunomodulators [Inmunomoduladores]			

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>leflunomide 10 mg tab, 20 mg tab</i>	1	ARAVA	
Angioedema Agents- Immune System Drugs [Agente Angioedema - Medicamentos Para El Sistema Inmune]			
<i>icatibant acetate 30 mg/3ml sc soln pfs</i>	2		PA
INFLAMMATORY BOWEL DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD INFLAMATORIA DEL INTESTINO]			
Sulfonamides [Sulfonamidas]			
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	AZULFIDINE	
METABOLIC BONE DISEASE AGENTS [AGENTES PARA LA ENFERMEDAD METABÓLICA DEL HUESO]			
Metabolic Bone Disease Agents [Agentes Para La Enfermedad Metabólica Del Hueso]			
<i>alendronate sodium 10 mg tab, 35 mg tab, 5 mg tab, 70 mg tab</i>	1	FOSAMAX	
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap</i>	1	ROCALTROL	
<i>ibandronate sodium 150 mg tab</i>	1	BONIVA	ST
<i>risedronate sodium 150 mg tab, 35 mg tab</i>	1	ACTONEL	
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]			
Ophthalmic Agents, Other [Agentes Oftálmicos, Otros]			
<i>atropine sulfate 1 % ophth soln</i>	1	ISOPTO ATROPINE	
<i>cyclopentolate hcl 0.5 % ophth soln</i>	1	CYCLOGYL	
Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]			
<i>azelastine hcl 0.05 % ophth soln</i>	1	OPTIVAR	ST
<i>cromolyn sodium 4 % ophth soln</i>	1	OPTICROM	
<i>timolol maleate 0.25 % ophth soln, 0.5 % ophth soln</i>	1	TIMOPTIC	
Ophthalmic Anti-inflammatories [Antiinflamatorios Oftálmicos]			
<i>dexamethasone sodium phosphate 0.1 % ophth soln</i>	1	MAXIDEX	
<i>diclofenac sodium 0.1 % ophth soln</i>	1	VOLTAREN	
<i>fluorometholone 0.1 % ophth susp</i>	1	FML	
<i>ketorolac tromethamine 0.4 % ophth soln</i>	1	ACULAR LS	
<i>ketorolac tromethamine 0.5 % ophth soln</i>	1	ACULAR	
<i>prednisolone acetate 1 % ophth susp</i>	1	PRED FORTE	
Ophthalmic Antiglaucoma Agents [Agentes Oftálmicos Antiglaucoma]			
<i>apraclonidine hcl 0.5 % ophth soln</i>	1	IOPIDINE	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>betaxolol hcl 0.5 % ophth soln</i>	1	BETOPTIC	
<i>brimonidine tartrate 0.2 % ophth soln</i>	1	ALPHAGAN	
<i>carteolol hcl 1 % ophth soln</i>	1	OCUPRESS	
<i>dorzolamide hcl 2 % ophth soln</i>	1	TRUSOPT	
<i>levobunolol hcl 0.5 % ophth soln</i>	1	BETAGAN	
<i>pilocarpine hcl 1 % ophth soln, 2 % ophth soln, 4 % ophth soln</i>	1	ISOPTO CARPINE	
Ophthalmic Prostaglandin And Prostamide Analogs [Análogos Oftálmicos De Prostaglandinas Y Prostamidas]			
<i>latanoprost 0.005 % ophth soln</i>	1	XALATAN	
Ophthalmic Agents (combination Product) [Agentes Oftálmicos (Productos En Combinación)]			
<i>ak-poly-bac 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>bacitracin-polymyxin b 500-10000 unit/gm ophth oint</i>	1	POLYSPORIN	
<i>bacitra-neomycin-polymyxin-hc 1 % ophth oint</i>	1	CORTISPORIN	
<i>dorzolamide hcl-timolol mal 2-0.5 % ophth soln</i>	1	COSOPT	
<i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ophth oint, 5-400-10000 ophth oint</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth oint</i>	1	MAXITROL	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ophth susp</i>	1	MAXITROL	
<i>neomycin-polymyxin-gramicidin 1.75-10000-.025 ophth soln</i>	1	NEOSPORIN	
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth susp</i>	1	CORTISPORIN	
NEO-POLYCIN 3.5-400-10000 ophth oint	1		
NEO-POLYCIN HC 1 % ophth oint	1		
POLYCIN 500-10000 unit/gm ophth oint	1		
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% ophth soln</i>	1	POLYTRIM	
<i>sulfacetamide-prednisolone 10-0.23 % ophth soln</i>	1	VASOCIDIN	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>tobramycin-dexamethasone 0.3-0.1 % ophth susp</i>	1	TOBRADEX	
OTIC AGENTS [AGENTES ÓTICOS]			
Otic Agents [Agentes Óticos]			
FLAC 0.01 % otic oil	1		
<i>fluocinolone acetonide 0.01 % otic oil</i>	1	DERMOTIC	
Otic Agents (combination Product) [Agentes Óticos (Productos En Combinación)]			
<i>hydrocortisone-acetic acid 1-2 % otic soln</i>	1	VOSOL HC	
<i>neomycin-polymyxin-hc 1 % otic soln, 3.5-10000-1 otic soln, 3.5-10000-1 otic susp</i>	1	CORTISPORIN	
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]			
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]			
<i>budesonide 0.25 mg/2ml inh susp, 0.5 mg/2ml inh susp</i>	1	PULMICORT	QL(120 / 30)
<i>flunisolide 25 MCG/ACT (0.025%) nasal soln</i>	1	NASALIDE	ST
<i>fluticasone propionate 50 mcg/act nasal susp</i>	1	FLONASE	
Antihistamines [Antihistamínicos]			
<i>levocetirizine dihydrochloride 5 mg tab</i>	1	XYZAL	
<i>olopatadine hcl 0.6 % nasal soln</i>	1	PATANASE	
Antileukotrienes [Antileucotrienos]			
<i>montelukast sodium 10 mg tab, 4 mg pckt, 4 mg tab chew, 5 mg tab chew</i>	1	SINGULAIR	
Bronchodilators, Anticholinergic [Broncodilatadores, Anticolinérgicos]			
<i>ipratropium bromide 0.02 % inh soln</i>	1	ATROVENT	QL(360 / 30)
Phosphodiesterase Inhibitors, Airways Disease [Inhibidores De La Fosfodiesterasa, Enfermedad De Las Vías Respiratorias]			
<i>theophylline er 400 mg tab er 24 hr</i>	1	UNIPHYL	
Bronchodilators, Sympathomimetic [Broncodilatadores, Simpatomiméticos]			
<i>albuterol sulfate 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	ACCUNEB	QL(540 / 30)
<i>albuterol sulfate 4 mg tab</i>	1	PROVENTIL	
<i>albuterol sulfate 2 mg/5ml syr</i>	1	PROVENTIL	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln, 2.5 mg/0.5ml inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (5 MG/ML) 0.5% inh neb soln</i>	1	PROVENTIL	QL(60 / 30)
<i>albuterol sulfate (2.5 MG/3ML) 0.083% inh neb soln</i>	1	PROVENTIL	QL(540 / 30)
<i>albuterol sulfate hfa 108 (90 Base) mcg/act inh aer soln</i>	1	PROAIR HFA	QL(18 / 30)
<i>levalbuterol hcl 0.31 mg/3ml inh neb soln, 0.63 mg/3ml inh neb soln, 1.25 mg/3ml inh neb soln</i>	1	XOPENEX	QL(252 / 28)
<i>levalbuterol tartrate 45 mcg/act inh aer</i>	1	XOPENEX HFA	QL(30 / 30)
Pulmonary Antihypertensives [Antihipertensivos Pulmonares]			
<i>sildenafil citrate 20 mg tab</i>	1	REVATIO	PA
Respiratory Tract Agents, Other [Agentes Del Tracto Respiratorio, Otros]			
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml inh soln</i>	1	DUONEB	QL(360 / 30)
<i>WIXELA INHUB 100-50 mcg/act inh aer pwdr br act, 250-50 mcg/act inh aer pwdr br act, 500-50 mcg/act inh aer pwdr br act</i>	1		QL(60 / 30)
SKELETAL MUSCLE RELAXANTS [RELAJANTES MUSCULOESQUELÉTICOS]			
Skeletal Muscle Relaxants [Relajantes Musculoesqueléticos]			
<i>carisoprodol 350 mg tab</i>	1	SOMA	
<i>chlorzoxazone 500 mg tab</i>	1	PARAFON FORTE	
<i>cyclobenzaprine hcl 10 mg tab, 5 mg tab</i>	1	FLEXERIL	
<i>metaxalone 800 mg tab</i>	1	SKELAXIN	
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	ROBAXIN	
<i>orphenadrine citrate er 100 mg tab er 12 hr</i>	1	NORFLEX	
SLEEP DISORDER AGENTS [AGENTES PARA DESÓRDENES DEL SUEÑO]			
Gaba Receptor Modulators [Moduladores Del Receptor De Gaba]			
<i>estazolam 1 mg tab, 2 mg tab</i>	1	PROSOM	
<i>flurazepam hcl 15 mg cap, 30 mg cap</i>	1	DALMANE	
<i>midazolam hcl 2 mg/ml syr</i>	1		
<i>temazepam 15 mg cap, 30 mg cap</i>	1	RESTORIL	
<i>zaleplon 10 mg cap, 5 mg cap</i>	1	SONATA	

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Drug Name [Nombre del Medicamento]	Drug Tier [Nivel]	Reference Name [Nombre de Referencia]	Requirements/Limits ¹ [Requisitos/Límites]
<i>zolpidem tartrate 10 mg tab, 5 mg tab</i>	1	AMBIEN	
<i>zolpidem tartrate er 12.5 mg tab er, 6.25 mg tab er</i>	1	AMBIEN CR	
Sleep Disorders, Other [Desórdenes Del Sueño, Otros]			
<i>modafinil 100 mg tab, 200 mg tab</i>	1	PROVIGIL	SL
ELECTROLYTES/MINERALS/METALS/VITAMINS [ELECTROLITOS/MINERALES/METALES/VITAMINAS]			
Electrolyte/mineral Replacement [Reemplazo De Electrolitos/Minerales]			
<i>folic acid 1 mg tab</i>	1		
<i>KLOR-CON 8 meq tab er</i>	1		
<i>KLOR-CON 10 10 meq tab er</i>	1		
<i>KLOR-CON M10 10 meq tab er</i>	1		
<i>KLOR-CON M20 20 meq tab er</i>	1		
<i>levocarnitine 330 mg tab</i>	1	CARNITOR	
<i>potassium chloride crys er 10 meq tab er</i>	1		
<i>potassium chloride crys er 20 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 20 meq tab er</i>	1	K-TAB	
<i>potassium chloride er 10 meq tab er, 8 meq tab er</i>	1	KLOR-CON	
<i>potassium chloride er 10 meq cap er, 8 meq cap er</i>	1	MICRO-K	
<i>potassium citrate er 10 MEQ (1080 mg) tab er, 15 MEQ (1620 mg) tab er, 5 MEQ (540 mg) tab er</i>	1	UROCIT-K	
<i>potassium citrate-citric acid 1100-334 mg/5ml soln</i>	1		
<i>sod citrate-citric acid 500-334 mg/5ml soln</i>	1	SHOHL'S MODIFIED	
Electrolyte/mineral/metal Modifiers [Modificadores De Electrolitos/Minerales/Metales]			
<i>KIONEX 15 gm/60ml susp</i>	1		
<i>sodium polystyrene sulfonate oral pwr</i>	1	KAYEXALATE	
<i>sodium polystyrene sulfonate 15 gm/60ml susp</i>	1	SPS	
Phosphate Binders [Enlazadores De Fosfato]			
<i>calcium acetate (phos binder) 667 mg cap</i>	1	PHOSLO	

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APÉNDICE I – LISTA DE PREVENTIVOS / APPENDIX I -PREVENTIVE LIST

Los siguientes medicamentos están cubiertos a través del beneficio de la Ley de Protección al Paciente y Cuidado de Salud Asequible (PPACA por sus siglas en inglés), *Health Care and Education Reconciliation Act (HCERA)*, y están sujeto a cambios basados en las recomendaciones del *United States Preventive Services Task Force (USPSTF)*.

[The following medications are covered through the *Patient Protection and Affordable Care Act (PPACA)* and *Health Care and Education Reconciliation Act (HCERA)* benefit; and are subject to change based on *United States Preventive Services Task Force (USPSTF)* recommendations].

Drugs (Medicamentos)		Requirements/Limits (Requisitos/Límites)
Breast Cancer Preventive Medications (Medicamentos Preventivos Contra el Cáncer de Seno)		
Antiestrogens/Modifiers (Antiestrógenos/Modificadores)		
tamoxifen citrate oral tablet 10 mg, 20 mg		PA
Selective Estrogen Receptor Modulator (Modulador Selectivo del Receptor de Estrógeno)		
raloxifene hcl oral tablet 60 mg		PA
Contraceptive Methods (Métodos Anticonceptivos)		
Cervical Cap (Cápsula Cervical)		
FEMCAP CERVICAL CAP 22MM, 26MM, 30MM		QL (1EA per 365 days)
Copper Intrauterine Device (Dispositivo Intrauterino de Cobre)		
PARAGARD INTRAUTERINE COPPER		QL (1EA per 3650 days)
Diaphragm (Diafragma)		
CAYA VAGINAL DIAPHRAGM		QL (1EA per 365 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM		QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 60 MM VAGINAL DIAPHRAGM 2%		QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 MM VAGINAL DIAPHRAGM 2%		QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 MM VAGINAL DIAPHRAGM 2%		QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 MM VAGINAL DIAPHRAGM 2%		QL (1EA per 365 days)

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WIDE-SEAL DIAPHRAGM 80 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 MM VAGINAL DIAPHRAGM 2%	QL (1EA per 365 days)
Emergency Contraceptive (Anticonceptivo de Emergencia)	
AFTERA 1.5 MG ORAL TABLET	
ECONTRA EZ ORAL TABLET 1.5 MG	
levonorgestrel oral tablet 1.5 mg	
MY WAY ORAL TABLET 1.5 MG	
OPTION 2 ORAL TABLET 1.5 MG	
TAKE ACTION ORAL TABLET 1.5 MG	
Female Condom (Condón Femenino)	
FC FEMALE CONDOM MISCELLANEOUS	
FC2 FEMALE CONDOM MISCELLANEOUS	
Injection (Inyección)	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	QL (1mL per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	QL (1mL per 90 days)
Intrauterine Device with Progestin (Dispositivo Intrauterino con Progestina)	
MIRENA INTRAUTERINE DEVICE 20MCG/24HR (52MG)	QL (1EA per 2920 days)
Oral Contraceptive (Combined Pill) (Anticonceptivos Orales (Píldora Combinada))	
AFIRMELLE ORAL TABLET 0.10-20 MG-MCG	QL (28 tablets per 28 days)
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ALYACEN 1/35 ORAL TABLET 1-35 MG-MCG	QL (28 tablets per 28 days)
APRI ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AUBRA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)

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AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
AVIANE ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
AYUNA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
CAMRESE LO ORAL TABLET 0.10-0.02 & 0.01 MG	QL (28 tablets per 28 days)
CHATEAL ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
CYRED ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
DELYLA 0.1-20 MG-MCG TAB	QL (28 tablets per 28 days)
desogestrel -ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.02-0.451 mg	QL (28 tablets per 28 days)
drospirenone -ethinyl estradiol-levomefolate oral tablet 3-0.03-0.451 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	QL (28 tablets per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	QL (28 tablets per 28 days)
ELINEST ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ENPRESSE-28 ORAL TABLET	QL (28 tablets per 28 days)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
FALMINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)

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GIANVI ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JASMIEL ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
JULEBER ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG (24)	QL (28 tablets per 28 days)
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
KALLIGA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
KURVELO ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
LARISSIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	QL (28 tablets per 28 days)
LESSINA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
LEVONEST ORAL TABLET	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.15-30 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol oral tablet 0.1-20 mg-mcg	QL (28 tablets per 28 days)
levonorgestrel - ethinyl estradiol triphasic oral tablet	QL (28 tablets per 28 days)
LEVORA ORAL TABLET 0.15/30 (28) 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LILLOW ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
LORYNA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	QL (28 tablets per 28 days)
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)

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LUTERA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
MARLISSA ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
MILI ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	QL (28 tablets per 28 days)
NECON ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
NIKKI ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin ace-eth estrad-fe oral tablet chewable 1.5-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg(24)	QL (28 tablets per 28 days)
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	QL (28 tablets per 28 days)
norgestimate - ethinyl estradiol oral tablet 0.25-35 mg-mcg	QL (28 tablets per 28 days)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 MG-35 mcg	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 0.5/35 (28) 0.5-35 MG-MCG	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 1/35 (21) 1-35 MG-MCG	QL (28 tablets per 28 days)
NORTREL ORAL TABLET 1/35 (28) 1-35 MG-MCG	QL (28 tablets per 28 days)
OCELLA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)

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PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	QL (28 tablets per 28 days)
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	QL (28 tablets per 28 days)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
SPRINTEC ORAL TABLET 28 0.25-35 MG-MCG	QL (28 tablets per 28 days)
SRONYX ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
SYEDA ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	QL (28 tablets per 28 days)
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	QL (28 tablets per 28 days)
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (28 tablets per 28 days)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TRIVORA (28) ORAL TABLET	QL (28 tablets per 28 days)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)

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TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (28 tablets per 28 days)
TYDEMY ORAL TABLET 3-0.03-0.451 MG	QL (28 tablets per 28 days)
VESTURA ORAL TABLET 3-0.02 MG	QL (28 tablets per 28 days)
VIENVA ORAL TABLET 0.1-20 MG-MCG	QL (28 tablets per 28 days)
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	QL (28 tablets per 28 days)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	QL (28 tablets per 28 days)
WERA ORAL TABLET 0.5-35 MG-MCG	QL (28 tablets per 28 days)
ZUMANDIMINE ORAL TABLET 3-0.03 MG	QL (28 tablets per 28 days)
Oral Contraceptive (Extended/Continuous Use) (Anticonceptivos Orales (Píldora Combinada de Uso Extendido/Continuo))	
INTROVALE ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
JOLESSA ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.15-0.03 mg	QL (91 tablets per 91 days)
levonorgestrel - ethinyl estradiol (91-day) oral tablet 0.1-0.02 & 0.01 mg	QL (91 tablets per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	QL (91 tablets per 91 days)
Oral Contraceptive (Progestin Only) (Anticonceptivos Orales (Minipildora Sólo Progestina))	
CAMILA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
DEBLITANE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
ERRIN ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
HEATHER ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
INCASSIA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
JENCYCLA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
JOLIVETTE ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
norethindrone oral tablet 0.35 mg	QL (28 tablets per 28 days)
NORLYDA ORAL TABLET 0.35MG	QL (28 tablets per 28 days)
Patch (Parche)	
XULANE TRANSDERMAL PATCH 150-35MCG/24HR	QL (3 PATCH per 28 days)
Spermicide (Espermicida)	
ENCARE VAGINAL SUPPOSITORY 100MG	QL (12 suppositories per 30 days)

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OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3%	QL (81GM per 30 days)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2%	QL (24 applicators per 30 days)
VCF VAGINAL CONTRACEPTIVE FILM 28%	QL (18 films per 30 days)
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	QL (17GM per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4%	QL (25.5GM per 30 days)
Sponge with Spermicide (Esponja con Espermicida)	
TODAY SPONGE VAGINAL SPONGE 1000MG	QL (12 sponges per 30 days)
Subdermal Implant (Implante Subdermal)	
NEXPLANON SUBDERMAL IMPLANT 68MG	QL (1EA per 1095 days)
Ulipristal Acetate (Acetato de Ulipristal)	
ELLA TABLET 30 MG	
Vaginal Ring (Anillo Vaginal)	
Etonogestrel-Ethinyl Estradiol Vaginal Ring	QL (1EA per 28 days)
EluRyng Vaginal Ring	QL (1EA per 28 days)
Dental Caries Prevention (Prevención de Caries Dental)	
FLUORITAB ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 0.275 (0.125 F) mg/drop	AL (patients less than or equal to 5 years)
sodium fluoride oral solution 1.1 (0.5 F) mg/ml	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 0.55 (0.25 F) mg	AL (patients less than or equal to 5 years)
sodium fluoride oral tablet chewable 1.1 (0.5 F) mg	AL (patients less than or equal to 5 years)
Folic Acid Supplementation in Women who are Planning or Capable of Pregnancy (Suplementación de Ácido Fólico en Mujeres que Planean o son Capaces de Embarazarse)	
folic acid oral capsule 0.8mg	QL (30 capsules per 30 days)
folic acid oral tablet 400mcg	QL (30 tablets per 30 days)
folic acid oral tablet 800mcg	QL (30 tablets per 30 days)

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Human Immunodeficiency Virus Preexposure Prophylaxis (Profilaxis Pre-Exposición para el Virus de Inmunodeficiencia Humana)	
emtricitabine-tenofovir df oral tablet 200-300 MG	PA
Iron Supplementation (Suplementación con Hierro)	
ferrous sulfate oral elixir 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
ferrous sulfate oral liquid 220 (44 Fe) mg/5ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
ferrous sulfate oral solution 75 (15 Fe) mg/ml	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
iron oral tablet 325 (65 Fe) mg	AL (For patients greater than or equal to 4 months up to less than or equal to 21 years)
Statin Preventive Medication (Medicación Preventiva con Estatinas)	
Dyslipidemics, HMG-CoA Reductase Inhibitors (Dislipidémicos, Inhibidores de la Reductasa de HMG-CoA)	
atorvastatin calcium oral tablet 10mg, 20mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
fluvastatin sodium oral capsule 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
lovastatin oral tablet 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
rosuvastatin calcium oral tablet 5mg, 10mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
pravastatin sodium oral tablet 10mg, 20mg, 40mg, 80mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
simvastatin oral tablet 5mg, 10mg, 20mg, 40mg	AL (For patients greater than or equal to 40 years up to less than or equal to 75 years)
Tobacco Use Interventions (Intervenciones en el Uso del Tabaco)	
Smoking Cessation Medications (Medicamentos para Dejar de Fumar)	
bupropion hcl oral tablet sustained release 12-hour 150 MG (smoking deterrent)	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL INHALATION INHALER 10 MG	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.
NICOTROL NS NASAL SOLUTION 10 MG/ML	Drugs approved by the FDA for tobacco cessation are covered for up to 90 consecutive days in one attempt and up to two attempts per year.

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Colorectal Cancer Screening (Detección de Cáncer Colorrectal)

Laxatives (Laxantes)

gavilyte-c oral solution reconstituted 240 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
gavilyte-g oral solution reconstituted 236 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
gavilyte-n oral solution reconstituted 420 GM	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 packets per 365 days)
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml soln	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 kits per 365 days)
peg 3350-kcl-na bicarb-nacl oral solution 420 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)
peg-3350/ electrolytes oral solution reconstituted 236 gm	AL (patients greater than or equal to 50 years up to less than or equal to 75 years); SL (gastroenterologist); covers only Rx products; QL (2 bottles per 365 days)

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APÉNDICE II – LISTA DE MEDICAMENTOS OTC CUBIERTOS / APPENDIX II - OVER THE COUNTER (OTC) COVERED DRUGS LIST

Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
OVER THE COUNTER (OTC) COVERED DRUG LIST (LISTADO DE MEDICAMENTOS CUBIERTOS FUERA DEL RECETARIO) This plan requires a prescription in order for you to obtain your OTC medications. (Este plan requiere una receta para que usted pueda obtener sus medicamentos OTC)	
GASTROINTESTINAL AGENTS [AGENTES GASTROINTESTINALES]	
Gastrointestinal Agents (combination Product) [Agentes Gastrointestinales (Productos En Combinación)]	
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	ZEGERID
Proton Pump Inhibitors [Inhibidores De La Bomba De Protones]	
<i>esomeprazole magnesium 20 mg cap dr</i>	NEXIUM
<i>lansoprazole 15 mg cap dr</i>	PREVACID
<i>omeprazole 20 mg tab dr</i>	PRIOSEC
<i>omeprazole magnesium 20.6 (20 Base) mg cap dr</i>	
OPHTHALMIC AGENTS [AGENTES OFTÁLMICOS]	
Ophthalmic Anti-allergy Agents [Agentes Oftálmicos Antialérgicos]	
<i>ALAWAY 0.025 % ophth soln</i>	
<i>ketotifen fumarate 0.025 % ophth soln</i>	ZADITOR
RESPIRATORY TRACT/PULMONARY AGENTS [AGENTES PARA EL TRACTO RESPIRATORIO/PULMONAR]	
Antihistamines [Antihistamínicos]	
<i>cetirizine hcl 10 mg tab, 10 mg tab chew, 5 mg tab, 5 mg tab chew</i>	ZYRTEC
<i>cetirizine hcl allergy child 5 mg/5ml soln</i>	ZYRTEC
<i>cetirizine hcl childrens 1 mg/ml soln</i>	ZYRTEC
<i>fexofenadine hcl 180 mg tab, 60 mg tab</i>	ALLEGRA
<i>fexofenadine hcl childrens 30 mg/5ml susp</i>	ALLEGRA CHILDREN
<i>levocetirizine dihydrochloride 5 mg tab</i>	XYZAL
<i>loratadine 10 mg cap, 10 mg tab</i>	CLARITIN
<i>loratadine childrens 5 mg/5ml soln, 5 mg/5ml syr</i>	CLARITIN CHILDREN
Anti-inflammatories, Inhaled Corticosteroids [Antiinflamatorios, Corticoesteroides Inhalados]	
<i>budesonide 32 mcg/act nasal susp</i>	RHINOCORT
<i>fluticasone propionate 50 mcg/act nasal susp</i>	FLONASE
<i>triamcinolone acetonide 55 mcg/act nasal aer</i>	NASACORT
Respiratory Tract/pulmonary Agents (combination Product) [Agentes Para El Tracto Respiratorio/Pulmonares (Productos En Combinación)]	
<i>cetirizine-pseudoephedrine er 5-120 mg tab er 12 hr</i>	ZYRTEC-D
<i>fexofenadine-pseudoephed er 180-240 mg tab er 24 hr, 60-120 mg tab er 12 hr</i>	ALLEGRA-D

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Drug Name [Nombre del Medicamento]	Reference Name [Nombre de Referencia]
<i>loratadine-d 12hr 5-120 mg tab er 12 hr</i>	CLARITIN D-12
<i>loratadine-d 24hr 10-240 mg tab er 24 hr</i>	CLARITIN D-24

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APÉNDICE III – LÍMITES DE ESPECIALIDAD / APPENDIX III - SPECIALTY LIMITS

Drug Name (Nombre del Medicamento)	Specialty Limit (Límite de Especialidad)
The following medications are associated to a Specialty Limit (SL). Specialty Limit means these medications require a specialist evaluates the patient and prescribe them. (Los siguientes medicamentos están asociados a un límite de especialidad (SL). Límite de especialidad significa que estos medicamentos requieren que un especialista evalúe al paciente y los recete.)	
AMPHETAMINE- DEXTROAMPHETAMINE / AMPHETAMINE- DEXTROAMPHET ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
ATOMOXETINE HCL	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
AZATHIOPRINE	Dermatólogo, Gastroenterólogo, Gastroenterólogo Pediátrico, Nefrólogo, Neumólogo, Reumatólogo, Reumatólogo Pediátrico / Dermatologist, Gastroenterologist, Nephrologist, Pulmonologist, Rheumatologist, Pediatric Rheumatologist, Pediatric Gastroenterologist
CLONIDINE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DEXMETHYLPHENIDATE HCL / DEXMETHYLPHENIDATE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
DEXTROAMPHETAMINE SULFATE / DEXTROAMPHETAMINE SULFATE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
GUANFACINE ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
METHYLPHENIDATE HCL / METHYLPHENIDATE HCL ER	Neurólogo, Neurólogo Pediátrico, Pediatra, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pediatrician, Pediatric Psychiatrist, Psychiatrist
MODAFINIL	Neurólogo, Neurólogo Pediátrico, Neumólogo, Psiquiatra, Psiquiatra Pediátrico / Neurologist, Pediatric Neurologist, Pulmonologist, Pediatric Psychiatrist, Psychiatrist

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APÉNDICE IV – LISTA DE MEDICAMENTOS ALBINISMO Y SÍNDROME DE HERMANSKY-PUDLAK / APPENDIX IV – MEDICATION LIST ALBINISM AND HERMANSKY-PUDLAK SYNDROME

Drugs (Medicamentos)	Requirements/Limits (Requisitos/Límites)
Medication List Required By Act No. 109 Of The Year 2022 For The Population With Albinism And Hermansky-Pudlak Syndrome (Lista De Medicamentos Requeridos Por Ley Núm. 109 Del Año 2022 Para La Población Con Albinismo Y El Síndrome De Hermansky-Pudlak)	
Sunscreens (Filtros Solares)	
AVEENO BABY SUNSCREEN, KIDS CONTINUOUS PROTECT, PROTECT+HYDRATE SPF60	PA
BABY SUNSCREEN SPF50	PA
BULL FROG QUICK, QUICK SPF50, QUICK SPORT SPF 50, SHEER PROTECTION, SUPERBLOCK SPF50, WATER ARMOR SPORT	PA
CERAVE SUNSCREEN SPF50	PA
CLEAR ZINC SPF 50	PA
COPPERTONE LIMITED EDITION, BABY PURE & SIMPLE, COMPLETE SPF50, DEFEND & CARE, DEFEND & CARE FACE, GLOW HYDRAGEL SPF50, KIDS CLEAR SPF50, KIDS PURE & SIMPLE, KIDS SPF50, KIDS SPF70, KIDS SPORT SPF 100, KIDS SPORT SPF 50, KIDS TEAR FREE, PURE & SIMPLE FACE, PURE & SIMPLE SPF50, SPORT 4-IN-1 SPF100, SPORT 4-IN-1 SPF50, SPORT 4-IN-1 SPF70, SPORT CLEAR, SPORT FACE SPF50, SPORT FACE+BODY, SPORT MINERAL FACE, MINERAL SPF50, SPORT SPF 100, SPORT SPF 70, SPORT SPF50, ULTRAGUARD SPF50, ULTRAGUARD SPF70+, ULTRAGUARD SPF50, WATERBABIES SPF50	PA
CVS SENSITIVE SKIN SUN	PA
EQ SUNSCREEN SPORT	PA
EQL SPORT CONTINUOUS SPR SPF50, ULTRA PROTECTION SPF50	PA

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Drugs (Medicamentos)	Requirements/Limits (Requisitos/Límites)
GENERAL PROTECTION SUNSCREEN	PA
GNP SPORT SUNSCREEN SPF50, SUNSCREEN KIDS SPF50	PA
HUGGIES LITTLE SWIMMERS SPF50	PA
KIDS CONTINUOUS SPRAY SPF50	PA
NEUTROGENA AGE SHIELD SPF70, BEACH DEFENSE SPF70, HEALTHY DEFENSE, PURE & FREE BABY, SPORT FACE SPF70, ULTRA SHEER BODY, ULTRA SHEER SPF 55, ULTRA SHEER SPF 70	PA
NIVEA VISAGE UV CARE	PA
QC ULTIMATE SUNSCREEN	PA
SHADE OIL FREE CLEAR	PA
SHEER SUNSCREEN SPF 70	PA
SOLBAR FIFTY, SPF50	PA
SPORT SUNSCREEN SPF50	PA
SUNSCREEN KIDS SPF 50, KIDS SPF50+, SPF50, SPORT SPF 70, ULTRA SHEER	PA
WATER BABIES SPF50	PA

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A

<i>abacavir sulfate</i>	26
<i>abacavir-lamivudine-zidovudine</i>	26
<i>acamprosate calcium</i>	16
<i>acarbose</i>	28
<i>acebutolol hcl</i>	30
<i>acetaminophen-codeine</i>	15
<i>acetazolamide</i>	32
<i>acetic acid</i>	16
<i>acyclovir</i>	27
AFIRMELLE	49
AFTERA 1.5 mg	49
<i>ak-poly-bac</i>	43
<i>ala-cort</i>	38
Alaway	58
<i>albuterol sulfate</i>	44, 45
<i>albuterol sulfate hfa</i>	45
<i>alclometasone dipropionate</i>	38
<i>alendronate sodium</i>	42
<i>alfuzosin hcl er</i>	38
<i>allopurinol</i>	23
<i>alprazolam</i>	27
ALTAVERA	49
ALYACEN 1/35	49
<i>amantadine hcl</i>	25
<i>amiloride hcl</i>	32
<i>amiloride-hydrochlorothiazide</i>	33
<i>amiodarone hcl</i>	30
<i>amitriptyline hcl</i>	22
<i>amlodipine besy-benazepril hcl</i>	33
<i>amlodipine besylate</i>	31
<i>amoxicillin</i>	17
<i>amoxicillin-pot clavulanate</i>	17
<i>amoxicillin-pot clavulanate er</i>	17
<i>amphetamine-dextroamphet er</i>	34
<i>amphetamine-dextroamphetamine</i>	35
<i>ampicillin</i>	17
<i>anastrozole</i>	24
<i>anucort-hc</i>	38
<i>apraclonidine hcl</i>	42
APRI	49
<i>aripiprazole</i>	21
<i>atenolol</i>	30
<i>atenolol-chlorthalidone</i>	34
<i>atomoxetine hcl</i>	35

<i>atorvastatin</i>	56
<i>atorvastatin calcium</i>	32
<i>atovaquone-proguanil hcl</i>	24
<i>atropine sulfate</i>	42
AUBRA	49
AUBRA EQ	49
AUROVELA 24 FE	49
AUROVELA FE 1.5/30	50
AUROVELA FE 1/20	50
AVEENO SUNSCREEN	61
AVIANE	50
AYUNA	50
<i>azathioprine</i>	41
<i>azelastine hcl</i>	42
<i>azithromycin</i>	17, 18
AZURETTE	50

B

BABY SUNSCREEN	61
BAC	15
<i>bacitracin-polymyxin b</i>	43
<i>bacitra-neomycin-polymyxin-hc</i>	43
<i>baclofen</i>	26
<i>benazepril hcl</i>	29
<i>benazepril-hydrochlorothiazide</i>	34
<i>benztropine mesylate</i>	25
<i>betamethasone dipropionate</i>	38
<i>betamethasone dipropionate aug</i>	38
<i>betamethasone valerate</i>	38
<i>betaxolol hcl</i>	30, 43
<i>bethanechol chloride</i>	38
<i>bicalutamide</i>	24
<i>bisoprolol fumarate</i>	30
<i>bisoprolol-hydrochlorothiazide</i>	34
BLISOVI 24 FE	50
BLISOVI FE 1.5/30	50
BLISOVI FE 1/20	50
<i>brimonidine tartrate</i>	43
<i>budesonide</i>	44
Budesonide	58
BULL FROG SUNSCREEN	61
<i>bumetanide</i>	32
<i>buprenorphine hcl</i>	16
<i>buprenorphine hcl-naloxone hcl</i>	16
<i>bupropion hcl</i>	56
<i>bupropion hcl</i>	21

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<i>bupropion hcl er (sr)</i>	21
<i>bupropion hcl er (xl)</i>	21
<i>buspirone hcl</i>	27
<i>butalbital-acetaminophen</i>	15
<i>butalbital-apap-cafeine</i>	15

C

<i>cabergoline</i>	41
<i>calcipotriene</i>	36
<i>calcitriol</i>	42
<i>calcium acetate (phos binder)</i>	46
CAMILA	54
CAMRESE LO	50
<i>candesartan cilexetil</i>	29
<i>carbamazepine</i>	20
<i>carbamazepine er</i>	20
<i>carbidopa-levodopa</i>	25
<i>carbidopa-levodopa er</i>	25
<i>carisoprodol</i>	45
<i>carteolol hcl</i>	43
<i>carvedilol</i>	30
CAYA CONTOURED DIAPHRAGM	48
<i>cefaclor</i>	16
<i>cefadroxil</i>	16, 17
<i>cefdinir</i>	17
<i>cefpodoxime proxetil</i>	17
<i>cefprozil</i>	17
<i>cefuroxime axetil</i>	17
<i>celecoxib</i>	14
<i>cephalexin</i>	17
CERAVE SUNSCREEN	61
Cetirizine HCl	58
Cetirizine HCl Allergy Child	58
Cetirizine HCl Childrens	58
Cetirizine-Pseudoephedrine ER	58
<i>cevimeline hcl</i>	35
CHATEAL	50
CHATEAL EQ	50
<i>chlordiazepoxide hcl</i>	27
<i>chlorhexidine gluconate</i>	35
<i>chloroquine phosphate</i>	24
<i>chlorpromazine hcl</i>	22
<i>chlorthalidone</i>	32
<i>chlorzoxazone</i>	45
<i>cholestyramine</i>	33
<i>cholestyramine light</i>	33
<i>ciclopirox</i>	23

<i>ciclopirox olamine</i>	23
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